



MEMBERSHIP APPLICATION FORM

APPLICANT NAME

Call Sign

Introduced To AREG By

CONTACT DETAILS

Address

Post code

Phone Number

Email Address

PERSONAL PROFILE

Profession

Areas of Interest

PAYMENT OPTION

\$60 Annual Fee

AUTHORITY

Signature _____ Date _____

I agree to abide by the AREG Constitution Rules and Regulations

OFFICE USE	
Membership Number	
Processed By	
Date	

Information contained on this form is CONFIDENTIAL and shall only be used by AREG committee