

The Wireless Institute of Australia

Application for admission as an Affiliated Club

.....("Club")
 (Print name of Club)

applies for admission as an Affiliated Club of The Wireless Institute of Australia, and provides the following information: (Please print).

Full name of Club	
Is the Club incorporated	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, under what legislation?	
State ACN or Registration Number	
What is the principal and if different the postal address of Club	
Describe the principal objects of Club	
Look at "Criteria for a club to be an Affiliated Club of the Institute" and indicate each test that applies to the Club.	4 (a) <input type="checkbox"/> 4 (b) <input type="checkbox"/> 4 (c) <input type="checkbox"/> 4 (d) <input type="checkbox"/>
Was the Club a member of or affiliated with a Division on 16 May 2004? If Yes state Division (4(b))	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is the Club a Radio Club part of or associated with an educational establishment? If Yes state educational establishment	Yes <input type="checkbox"/> No <input type="checkbox"/>
If only 4 (d) applies to your Club, set out why your Club should be an Affiliated Club of the Institute. Attach additional sheets if necessary.	

Please provide the following additional information.

Total number of members	
Total number of members who are licensed radio amateurs	
Total number of members who are licensed radio amateurs who are full time students	
Total number of members who are licensed radio amateurs who are members (Full Members, Honorary Life Members or Provisional Members) of The Wireless Institute of Australia (national body)	
What is the email address of the Club?	
Does the Club have a website? If so, state URL.	Yes <input type="checkbox"/> No <input type="checkbox"/>
Name and callsign of President	
Address of President	
Telephone number(s) of President	
Name and callsign of Secretary	
Address of Secretary	
Telephone number(s) of Secretary	
What is the venue and time/day of the month of the Club's regular meetings	
If the Club has a callsign, please specify	
Does the Club make a weekly broadcast? If so, set out times and frequency	Yes <input type="checkbox"/> No <input type="checkbox"/>
Does the Club have an Examination Group? If so, state name, callsign and contact details of Group Leader.	Yes <input type="checkbox"/> No <input type="checkbox"/>

Does the Club consent to the Institute identifying the Club as an Affiliated Club?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Does the Club agree to verifying if asked by the WIA (including providing lists of members or members who are Institute members) any of the information requested in this form on the review date of each 1 February?	Yes <input type="checkbox"/> No <input type="checkbox"/>

Does the Club wish to continue to receive AR at the special Club magazine subscription rate of \$45 per year?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is payment enclosed?	Yes <input type="checkbox"/> No <input type="checkbox"/>

Signed on behalf of the Club

.....
(Signature)

.....
(Print name)

.....
(Position in Club, print)

.....
(Date)