Brisbane Area WICEN Group
Membership Application/Renewal Form

Filled forms can be sent either by post or electronically by email to the following addresses.

Postal address: C/- P.O. Box 764
Archerfield BC Qld 4108

Email: treasurer@brisbanewicen.org.au

Name: _____ Call Sign: _____

Address: _____

WIA Membership: ○ Yes / ○ No Availability: _____

Phone: Home: _____
Mobile: _____
Work: _____

Email: _____

Emergency Contact Details:

Name: _____ Relationship: _____

Address: _____

Phone: Home: _____
Mobile: _____

Details correct as of date (DD/MM/YYYY): _____

Amount Tendered: $ _____ Payment Method: ○ Cash / ○ EFT

Date (DD/MM/YYYY): _____ EFT Reference: _____

Brisbane Area WICEN Group Inc BSB: 124-007 Account: 11164049

Office Use:
Receipt: …….. Date: ……./……../…….
Records Updated: ……./……./……. Change: ….....

Form version 23 edited 2025-12-18 by Stuart Longland