## **North Island Amateur Radio Society**

12685 South Doole Road, Ladysmith, BC, V9G 1J6



| New Member Application Form (Fillable Version)  |                |        |                 |  | Amateur Radio |  |
|---|----------------|--------|-----------------|--|---------------|--|
| Name:   |                |        |                 |  |               |  |
| Call Sign:  |                |        |                 |  |               |  |
| Address 1:  |                |        |                 |  |               |  |
| Address 2:  |                |        |                 |  |               |  |
| Address 3:  |                |        |                 |  |               |  |
| Post Code:  |                |        |                 |  |               |  |
| Telephone:  | Cell:          | Нс     | ome:            | Work:                                      |               |  |
| Email:  |                |        |                 |  |               |  |
| NIARS requires one piece of contact information from you to comply with the BC Societies Act. NIARS strongly recommends that you provide your email address so that NIARS can send you notices of meetings and details of NIARS events, etc. You are also welcome to supply your mailing address and telephone number(s) as these could also be helpful for maintaining good contact with you.  Membership Categories:  Regular Membership: You have a Canadian Amateur Radio callsign (or Canadian accreditation)  Associate Membership: You do not hold a Canadian Amateur Radio callsign (or Canadian Accreditation) |                |        |                 |  |               |  |
| I am applying to join NIARS as a Regular Member   |                |        | Associate Membe | Associate Member Please check one category |               |  |
| I hereby apply for membership of the North Island Amateur Radio Society. I consent to my personal information, as provided above, being stored, used and disclosed as described in the NIARS Privacy Policy.  (NIARS's Privacy Policy [NPP], as required by PIPA, is there to protect your privacy.   |                |        |                 |  |               |  |
| Please type your name here to join and consent to the NPP   |                | Date:  |                 |  |               |  |
| Please complete this form, save it to your computer and then email the form to info@niars.ca  |                |        |                 |  |               |  |
| Please check one  | e of the boxes | below: |                 |  |               |  |
| I have sent my membership fee to the treasurer by e-Transfer to niars8594@gmail.com   |                |        |                 |  |               |  |
| I have sent my membership fee to the treasurer by <b>PayPal</b> (for PayPal details please click on the website 'Donate Button')  |                |        |                 |  |               |  |
| I have sent cash/cheque to the treasurer at his address, below.   |                |        |                 |  |               |  |
| 6314 McGirr Road, Nanaimo, BC V9V 1B7   |                |        |                 |  |               |  |
| Please make sure that your name/callsign is associated with your payment  |                |        |                 |  |               |  |
| NIARS Use only  |                |        |                 |  |               |  |
| Application rec   | eived:         |        |                 |  | Amount:       |  |
|   |                |        |                 |  | \$            |  |