

MEMBERSHIP FORM

STATION INFORMATION	Previous Member: Y / N (circle one) If yes: Member #			
Station Location:			Station Number:	
PERSONAL INFORMATION				
First Name and Initial:	Surname	:		Birth Year (YYYY):
Mailing Address:	1			
Phone Number:		Email:		
EMERGENCY CONTACT				
First Name:			Last Name:	
Relationship:			Phone Number:	
HAVE YOU COMPLETED?				
Memorandum of Understanding ((MOU)			
CERTIFICATIONS	PCOC ROC-M SFA with CPR-C (or equivalent)			
Other (list):				
MEMBERSHIP TYPE	Operational Member Supporting Member Junior Member			
Junior Membership (only):				
I(parent a Junior Member (under the age of 19) RCMSAR and their stations to allow the footage taken as a result of their partici participation in Search and Rescue activ	right to us pation in a	nadian Ma e and inco pproved a	arine Search and Res orporate, in whole or	r part, photographs or video
Date: Signature (parent/guardian):				
Operational and Supporting Members:				
By applying for membership in Royal C				

provide is accurate. I agree that as a condition of membership I will abide by the rules, regulations, and policies of RCMSAR. I give consent to RCMSAR and their Stations, the right to use and incorporate, in whole or in part, photographs or video footage taken of me as a result of my participation in approved activities of RCMSAR.