

The NSW Cave Rescue Squad Inc

A Member of the NSW Volunteer Rescue Association

Headquarters: Klemm St Bankstown Airport
www.caverescue.org.au

P O Box 122 Bankstown NSW 1885
0428 158 777

Application for Membership

First Name:

Middle Name/s:

Surname:

Preferred Name:
(if different from first)

Date of birth:

Occupation:

Residential address:

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.....

.....

Suburb/Town:

Postcode: State:

Phone:

Mobile:

Email:

.....

Postal address (or other contacts) * :

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.....

.....

Suburb/Town:

Postcode: State:

Phone:

Mobile:

Email:

Are You Willing to Respond (tick all that apply):

State Wide Nationally

Internationally

* Residential information is required for our insurance database. However, if you wish Squad communications routed to a different location please use this field.

Next of kin:

Name:

Relationship:

Address

.....

.....

.....

Suburb/Town:

Postcode: State:

Phone:

Mobile:

Email:

.....

Caving experience:

Total hours (*approx*)

Total vertical hrs (*approx*)

Membership of speleological society/club

1

2

3

First aid qualifications

Title:

Certificate Number:

Expiry Date:

Training Body Number:

Transportation

Drivers License Class: None C LR MR HR HC MC

Own Transport: YES/NO

Do you have towing capabilities? YES/NO

