



**STATION INFORMATION**

Station Location:

Station Number:

**PERSONAL INFORMATION**

First Name:

Last Name:

Date of Birth: (mm-dd-yyyy)

Occupation:

Address:

City:

Postal Code:

Phone Number:

Alternate Number:

Email:

**EMERGENCY CONTACT**

First Name:

Last Name:

Relationship:

Phone Number:

**HAVE YOU COMPLETED?**

Memorandum of Understanding (MOU)

Criminal Record Check (CRC)

**MEMBERSHIP TYPE**

Associate

Supporting Member

Supporting Society

*By applying for membership in Royal Canadian Marine Search and Rescue I certify that all information that I provide is accurate. I agree that as a condition of membership I will abide by the rules, regulations, and policies of RCM-SAR, and that I am subject to a **six-month probationary period** from date of application. This probationary period is an opportunity for me to evaluate the organization and for RCM-SAR to confirm my suitability as a volunteer.*

*I also give consent to RCM-SAR 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 RCM-SAR.*

Date: \_\_\_\_\_

Signature: \_\_\_\_\_