



# APPLICATION TO JOIN A BUSH FIRE BRIGADE



Local Government	Shire of Boyup Brook		
Brigade Name			
<b>Personal Details</b>			
Title	<input type="checkbox"/> Mr <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Mrs <input type="checkbox"/> Mx	Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-Binary
Surname		Given Names	
Home Address			
Postal Address			
Telephone Home		Mobile	
Telephone Work		Radio Call Sign	
Email Address			
<b>Membership Type (please tick)</b>			
Active	(A person who will become involved in the operational work of the brigade)		<input type="checkbox"/>
Auxiliary	(A person involved only in a support role eg Communications/Admin)		<input type="checkbox"/>
Cadet	(An enrollee who is under 16 years of age)		<input type="checkbox"/>
<b>Next of Kin Details</b>			
Full Name			
Address			
Telephone		Relationship	
<b>Brigade Training Carried Out</b>			
Course Title	Location	Date	
<b>Declaration</b>			
I certify that the above particulars are true and correct			
Signed		Date	
Parent/Guardian (if under 18 years old)		Date	
Authorised: Brigade Captain/Secretary		Name	
Signature		Date	

Please email completed form to [shire@boyupbrook.wa.gov.au](mailto:shire@boyupbrook.wa.gov.au) or post to  
Shire of Boyup Brook PO Box 2, BOYUP BROOK WA 6244

<b>SHIRE OF BOYUP BROOK USE ONLY</b>		File		Doc ID		
Date Received		Sent to <a href="mailto:manjimup.reception@dfes.wa.gov.au">manjimup.reception@dfes.wa.gov.au</a>		Initials		Date

<b>FIRE SERVICE USE ONLY</b>							
Entered into RMS	Membership Number					Initials	Date