API		ority to use the VKS-737 Radio Network PRINT ALL DETAILS
First Name		ouse/Partner
Surname		rname
Street / PO Box		
		ate Postcode
		bbile Phone No
HF Radio: Make _	Model	Must be ACMA approved as per VKS-737 document DOC 21 (The use of Amateur Radio equipment is prohibited)
Satellite Phone: Make _	Model	Service Provider
Satellite Phone Number: _		
Vehicle / Vessel / Aircraft i	in which HF radio is fitted:	
Make	Model / Тур	e
Colour	Registration	n No
Emergency Contact (Name)		Telephone ()
		Mobile
Emergency Contact (Nam	e)	Telephone ()
		Mobile
3995, 6796 & 10180kHz from 1st "Conditions of Use of the VKS-73	December 2023 until 30th November 2024 and agri 7 Radio Network", and regulations, conditions and Where applicable, pro-rata entitlemen	ct Number 174 of 1992 to use the VKS-737 frequencies of 5455, 8022, 11612, 14977, se to be bound by the conditions of use, as set out in VKS-737 document DOC 21 interpretations as determined by the Australian Communications and Media Authority. It applies to second year subscription only.
Sigi	nature	
	•	oplication and payment to: x 2101, ELIZABETH PARK. SA. 5113.
		leted applications will be accepted by email)
Те	e-mail: <u>info</u>	website: www.vks737.radio
THIS FORM W	ILL NOT BE ACCEPTED UNLESS	ALL SECTIONS ABOVE ARE FULLY COMPLETED
The information on this form is collected and Base Station Operators from time-in relation to Network activities. ONLY	to-time when necessary for carrying out Network duties or a	vities. It will be used by Head Office Staff, and portions may also be provided to Committee members ctivities. Some details may be provided to other entities (eg ACMA, Emergency Services Organisations) the Network User lists, both in printed form and on our website. No other details will be published. 37 Head Office or from our website.
		x Invoice for GST when payment is made. copy for your records.
	Licence Authority Fe	es are inclusive of GST. ABN 92 486 729 762
☐ Please find enclose	ed my cheque / money order for \$144.00	e made payable to VKS-737 Radio Network
_		urcharge for MasterCard / Visa Card / American Express
Type of Credit Card Card Number	d ☐ MasterCard ☐ Visa ☐ An	verification Code Expiry Date
		Verification Gode Expiry Date
Name on Card:		Card Holders Signature:
☐ I have paid \$144.00	O directly into the following Bank Account on A copy of your Banking Receipt !	
Bank:	BankSA, Gawler. South Australia.	BSB Number: 105 009
Account Name:	VKS-737 Radio Network	Account Number: 099 696 840
Reference used:	(Please use visus many series	essing normant
	(Please use your name as reference when	naking payment)