APF	PLICATION for 2021 Licence Authori PLEASE CLEARLY PI	ty to use the VKS-737 Radio Network
		e/Partner
Surname	Surnar	ne
		Postcode
		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	n which HF radio is fitted:	
Make	Model / Type	
Colour	Registration No)
Emergency Contact (Name)		Telephone ()
		Mobile
Emergency Contact (Name	e)	Telephone ()
		Mobile
3995, 6796 & 10180kHz from 1st	December 2020 until 30 th November 2021 and agree to	umber 174 of 1992 to use the VKS-737 frequencies of 5455, 8022, 11612, 14977, be bound by the conditions of use, as set out in VKS-737 document DOC 21 pretations as determined by the Australian Communications and Media Authority. plies to second year subscription only.
Sign		Date//
Olgi	Forward completed Applic	
	VKS-737 Radio Network - PO Box 21	•
Tol	(Subject to your payment method complete ephone: (08) 7325 2600 e-mail: info@vk	
Privacy Statement: The information on this form is collected and Base Station Operators from time-timelation to Network activities. ONLY y	d and stored for the management of the Network and its activities o-time when necessary for carrying out Network duties or activiti	L SECTIONS ABOVE ARE FULLY COMPLETED It will be used by Head Office Staff, and portions may also be provided to Committee members es. Some details may be provided to other entities (eg ACMA, Emergency Services Organisations) letwork User lists, both in printed form and on our website. No other details will be published. ead Office or from our website.
	REMITTANCE ADVICE – This is a Tax In Please make a copy	
	Licence Authority Fees a	are inclusive of GST. ABN 92 486 729 762
☐ Please find enclose	d my cheque / money order for \$144.00 Cheques and Money Orders should be ma	de pavable to VKS-737 Radio Network
Disease shares the f		· ·
_		arge for MasterCard / Visa Card / American Express
Type of Credit Card Card Number	☐ MasterCard ☐ Visa ☐ Americ	verification Code Expiry Date
		/
_ _		
Name on Card:		Card Holders Signature:
☐ I have paid \$144.00	directly into the following Bank Account on the A copy of your Banking Receipt MUS	
Bank:	BankSA, Gawler. South Australia.	BSB Number: 105 009
Account Name:	VKS-737 Radio Network	Account Number: 099 696 840
Reference used:	(Please use your name as reference when make	ing payment)
	1	a baha/