

**Search and Rescue Council of Walla Walla County**

**NEW MEMBER INFORMATION**

DATE \_\_\_\_\_

Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

Mailing Address \_\_\_\_\_

\_\_\_\_\_

E-Mail Address \_\_\_\_\_

Home Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Place of Business \_\_\_\_\_

Member Unit(s) Requested \_\_\_\_\_

Describe Assets (Personal, Animal and/or Mechanical) \_\_\_\_\_

Medical License and Expiration Date \_\_\_\_\_

Prior Related Training:

Course \_\_\_\_\_

Instructor \_\_\_\_\_

Date(s) of Training \_\_\_\_\_

Organization \_\_\_\_\_

