



National Coastwatch

NCI MEMBERSHIP APPLICATION FORM

Please use BLOCK CAPITALS

Mr/Mrs/Ms/Title: First Name:		Last Name:	
Preferred Name (for Name Badge/ID Card)			
Address:		Date of Birth:	
	/...../.....	
Post Town:		Please provide a recent passport style photograph with your name pencilled lightly on the back. Please do not use gel pen or biro. Please attach here using non-permanent adhesive	
County:	Postcode:		
Telephone:			
Mobile:			
Email address:			
Please provide details of someone we can contact in case of accident, illness or emergency:			
Name:			
Contact Number:			
<i>Preferred NCI Station:</i>			
Please provide details overleaf of any professional or other qualifications and experience which you would be willing to draw on to benefit NCI.			

I wish to become a **watchkeeping/non-watchkeeping member** (*please delete one*) of NCI at the Station named above and agree to abide by the terms of the NCI Constitution, to follow any proper instructions given and to act in a responsible and professional manner at all times whilst engaged on any NCI business. If intending to become a watchkeeping member I accept that I must purchase and wear the approved uniform while on NCI business.

I agree that my NCI Identification Card will remain the property of the NCI and I will return it on demand or if I leave NCI. I understand that my information will be kept on NCI's national database and will be used to permit management of the Charity in accordance with the requirements of the Charity Commission and the Data Protection Act. My personal details will never be disclosed to anyone outside the Charity except with my express permission or as required by law.

I have advised NCI of any criminal convictions (other than minor driving or parking offences) overleaf and agree to notify NCI if I am convicted of any offences during my period of service.

I agree that enquiries may be made elsewhere in respect of my suitability for membership and that until I complete my preferred station's probationary period I may be told I can no longer remain a member of NCI.

I agree to notify my Station Manager of any medical condition that might affect my personal safety during the period of my service with NCI and accept that a doctor's letter might be required in some circumstances.

Signed.....Date...../...../.....

*This form should be returned to the relevant NCI Station and sent by the station to the
NCI National Office, 17 Dean Street, Liskeard PL14 4AB.*



Criminal Offences:

Signed.....Date...../...../.....

Other Relevant Information:

Signed.....Date...../...../.....

V2016/Sept