



AMRS OFFICIATING APPLICATION

APPLICATIONS CLOSE 27TH MARCH 2020

Applicant Information

Full Name: _____ Date: _____
Last First

Address: _____
Street Address

City State Post Code

Phone: _____ Email: _____

Next of Kin: _____ Phone: _____

Position Applied for: _____

CAMS Licence Number: _____ Expiry: _____ Grading: _____

Have you ever worked for AMRS before? YES ☐ NO ☐ If yes, when? _____

Are you a member of QMSO? YES ☐ NO ☐ When did you join? _____

Do you have an AASA Licence? YES ☐ NO ☐ How long have you been a member? _____

Any dietary requirements: _____

Do you have any allergies? _____

Are there any medical conditions that we should be aware of? _____

Signature

Signature: _____ Date: _____

Parent / Guardian Signature _____ Date: _____
(if you are under 18 years old)