



AMRS OFFICIATING APPLICATION

APPLICATIONS CLOSE 24 JULY 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)