



Annapolis County Ground Search and Rescue Team Member Information Form

(Please print clearly)

Date: _____

Full Name: _____

Birth Date: _____

Phone Number: (home) _____ (cell) _____

E-mail address: _____

Mailing Address: _____

Social Insurance #: _____ (income tax purposes)

Drivers Licence Master #: _____ Expiry Date: _____

Emergency Contact Name: _____

Emergency Contact Numbers: _____ / _____

Signature _____

I agree and understand that by entering my name in the electronic signature field above, I acknowledge this electronic signature is the legal equivalent of my manual/handwritten signature and I consent to be legally bound to this agreement

Please fill in and sign.

Send digital to info@acgsar.ca

Or send per mail with the other papers to
Annapolis County Ground Search and Rescue,
P.O. Box 234, Bridgetown N.S. B0S 1C0

PRINT

SUBMIT BY email