

NICOLET SEARCH TEAM, Inc.

MEMBERSHIP APPLICATION / EMERGENCY DATA

Type or Print Clearly and abbreviate as necessary

Personal				
Last Name		First	M.I.	Drivers License Number
Address (Number and Street)		City	State	Zip Code Birthdate
Phone ()	E-Mail Address		Township / County	Occupation
Work Phone ()	Cell Phone ()	Emergency Contact:		Phone Number
Type of Membership that you are applying for:				
<input type="checkbox"/> Operational Membership <input type="checkbox"/> Base Camp / Support Membership <input type="checkbox"/> Junior Membership				
Medical Training Certification		Expires:		
1.		<input type="checkbox"/> Hasty Search Team <input type="checkbox"/> Dog Handler <input type="checkbox"/> Search Planning		
2.		<input type="checkbox"/> SARTEC III <input type="checkbox"/> Tracker <input type="checkbox"/> Incident Command		
3.		<input type="checkbox"/> SARTEC II <input type="checkbox"/> Sign Cutting <input type="checkbox"/> Rope Rescue		
<u>Outdoor experience</u> <input type="checkbox"/> Hiking <input type="checkbox"/> Backpacking <input type="checkbox"/> Camping <input type="checkbox"/> Climbing <input type="checkbox"/> Rappelling <input type="checkbox"/> Orienteering Other:		<u>Mission Availability</u> <input type="checkbox"/> Full <input type="checkbox"/> None <input type="checkbox"/> Limited To: <small>(i.e. Weekends, Evenings, within 100 miles)</small>		<u>Other Organizations You Currently Volunteer With</u>
Why do you want to become a member of the Nicolet Search Team?				
What do you expect from the Nicolet Search Team?				
<p>I acknowledge that the information I have furnished is correct to the best of my knowledge and understand that falsification of this information could be grounds for disciplinary action to include retraction of membership or dismissal if membership has</p> <p>I understand that the information on this application is subject to verification and that by signing this membership application, I give my permission to perform said checks.</p> <p>I understand that I shall not become a member of the Nicolet Search Team until my application has been; 1) accepted by a majority vote of the Nicolet Search Team Membership; 2) I have read and acknowledged the rules and regulations of the Team as set</p>				
Signature (Do not print):			Date: 06-05	

Please return to: Nicolet Search Team, Inc., P.O. Box 85, Mountain WI 54149

Reviewed by/on:	Presented to Membership on:
Background Checks by/on:	Accepted as Member on:

The Nicolet Search Team is an equal opportunity organization and maintains a policy of nondiscrimination on the basis of race, color, religion, sex, or national origin. Harassment on the basis of any of the foregoing characteristics will not be permitted