



SEEN

Safe EMF Education Network

Membership Application

Safe EMF Education Network
Incorporation number:
PO Box 461
Echunga, SA, 5153.
SEENinaction@protonmail.com
www.seen.org.au

The Safe EMF Education Network Inc. is an organization based in Adelaide, South Australia, run by volunteers. We are committed to creating a safer environment by raising public awareness, educating and empowering communities to mitigate the adverse health risks associated with exposure of Electromagnetic Radiation (EMR).

Applicant Information

Full Name: _____ Date: _____
Last First

Address: _____
Street Address

City State Post Code

Phone: _____ Email _____

Occupation: _____

Professional Experience: _____

Referred by:
(Name of Member supporting your application) _____

Membership Fees

The initial membership joining fee \$20. The ongoing annual membership fee is \$40, payable annually on 1 July of each year. Membership applications received by 30 June 2020, will have the annual fee waived until 1 July 2021.

The Committee thanks you for your support and any donations made to SEEN to assist us with our work would be greatly appreciated.

Membership fees and donations will be used for operational costs, and to action campaigns, programs and activities, as approved by the Committee. Program and campaigns will be published and updated on the SEEN website.

Initial Membership fee: \$20

Annual subscription fee: \$40 (due 1 July each year)

Donation: Amount ____\$_____

Direct Deposit: Bendigo Bank
Account Name: Safe EMF Education Network
BSB: 633-000
Account No: 173436353
Reference: Your Full Name

Please email remittance advice to: SEENinaction@protonmail.com

Additional Information (optional)

Do you currently live, work or study in close proximity
(within 500m) to telecommunications infrastructure? YES NO

Do you wish to oppose existing or proposed
telecommunication installations near your
home/work/school? YES NO

Are your child(ren) being exposed to electromagnetic
radiation (EMR) at school or daycare without your
consent? YES NO

Do you (or your family) experience symptoms of
electro-hypersensitivity (EHS)? YES NO

Please feel free to describe your situation and/or symptoms in further detail:

Do you wish to volunteer in SEEN? (If YES, please select areas of interest) YES NO

- Admin Events Schools Health Media /Promotions Public speaking/ lobbying
 Law and Research Radiation, engineer expert IT / ICT/ Website Journalist / Writer/ Editor

I, _____, do hereby apply to become a member of Safe EMF Education Network Inc (SEEN).

Once membership has been approved, I understand that I am bound by the constitution of the association and agree to adhere to the rules of the association as per the Associations Incorporation Act 1985 (SA). I agree to pay my membership subscription fee due on 1 July of each year to continue my membership with SEEN.

Signature: _____ Date: _____

Please post or email this membership application form to:

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