



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: _____

Please fill in and sign.

Send digital to admin@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