



96.3... the Mouth of the Murray

RADIO ALEXANDRINA (ALEX-FM) COMMUNITY BROADCASTERS ASSOCIATION INC

PO BOX 405 GOOLWA SA 5214 PHONE: 08 8555 3876 alex-fm@bigpond.net.au ABN: 27 850 544 545

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PO Box 405 GOOLWA SA 5214 (08) 8555 3876 fax 8555 3888 email alex-fm@bigpond.net.au

MEMBERSHIP APPLICATION 2015 -2016

I _____ Date: _____
Surname: _____ Given Names: _____
Address: _____
Phone: (H) _____ (W) _____
Mobile: _____
Email: _____

Hereby apply for membership of Radio Alexandrina (Alex FM) Community Broadcasters Association Inc. I agree to abide by the rules of the Association and my subscription accompanies this application. (Yearly subscription is \$30.00 Concession Card holders, seniors and students \$15.00 Couples \$35.00. Corporate members \$55.00).

Membership subscription for the year 2015/2016

OCCUPATION: _____

AREAS OF COMMUNITY INTEREST: _____

I AM/ARE INTERESTED IN VOLUNTEERING WITH ALEX FM: Circle: YES NO

EXPERIENCE AND SKILLS THAT MAY BE OF BENEFIT TO ALEX FM

I agree to my name and phone number(s) being given to other Members/Volunteers. Circle: Yes No

Signed: _____

Applicants under 18 years of age need the signature of a parent or guardian to indicate agreement with this application.

Signed: _____ Print Name: _____ Date: _____

If paying via Bank Transfer, please quote a ref. no at the bank. Write the ref. no. here: _____

Bendigo Bank BSB 633000 A/C No. 150842433

OFFICE USE ONLY

Date Application Received:...../...../..... Date Approved by Committee:...../...../.....

Receipt Number:..... Amount \$..... Date of receipt:...../...../.....

Membership Number:..... Signed:.....