



91.5 the Mouth of the Murray

RADIO ALEXANDRINA (ALeX-FM)
COMMUNITY BROADCASTERS
ASSOCIATION INC
PO BOX 405 GOOLWA SA 5214
PHONE: 08 8555 3876
EMAIL: alexfm@radiogoolwa-alexfm.com.au
ABN: 27 850 544 545

MEMBERSHIP APPLICATION 2023-2024

I,

Surname:.....Given Names.....

Address:.....

Phone (Home):..... (Work):.....

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.

Annual subscription: \$30 Membership \$35 Couples
\$15 Concession/ Seniors and students \$55 Corporate members.
\$20 Not for Profit/Art, Craft etc.

Please circle amount and method of payment:

Cheque/Cash or Direct payment to: BSB 633000 Acct No. 150842433. Acct Name: Radio Alexandrina

OCCUPATION:.....

AREAS OF COMMUNITY INTEREST:.....

I AM 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:..... Date:...../...../.....

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

Signed: .....Print Name: ..... Date:...../...../.....

OFFICE USE ONLY

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

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

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