



P.O. Box 1420 Campbelltown NSW 2560 Ph: 02 4625 2768 E: secretary@2mcr.org.au

Application for or Renewal of Membership - Individual or Group

Shaded fields compulsory for New Applications

Fees due by 30 June annually

Title	Title Surname			First Name							Group or Association Name						
New Applicant Date of Birth / /				М	embe	embership Type (Full					Friend or Supporter]		
Home Addre																	
Suburb :												State : Postcoo		code :	de :		
Postal Addr Leave blank if																	
Suburb :												State :	Postcode :				
Contact Numbers Home:):				Wor						Mobile:				
Fax No:							Email:										
New Applica Field of Exp	ecify																
Reason for	Joining	:	Preser	Presenter			□ Volunteer				C	Office Help		□ Panel Operator □			
New Applica Type of Sho	e to pre	esent :			•				,								
Music format : Programmes are allocated by the Programme Committee as they become available.													ailable				
The Co Working W						_	Policy	to have	7			•	•		ren Check number. in the next 12 mon		
Declaration I hereby make application to join Macarthur Community Association Incorporated and agree to abide by the Articles of Association and the Station Rules. I understand that any service given as a Member of the Association is on a voluntary basis in accordance with the Aims and the Objectives of the Association. I further agree to pay all charges and fees as authorised under the Articles and Rules of the Association. I further undertake to notify the Board of Management should any matter be likely to bring the Radio Station into disrepute." When your application is approved ~ You will be given all relevant documents necessary for your information as per Membership rules.																	
Print Name					;	Signature									Date / /		
Membership Fees & Charges:				All fe	ees and charges quoted are inclus						of G	ST					
New Applicant Joining Fee:			\$ 5	.50	This is only a once off joining fee or re-joining fee												
Concession Members : Conditions apply			\$ 27	7.00	.00 Annual Concession f												
Full Membership:			\$ 4	4.00	Anr	ual F	full Membership fee										
Group Membership			\$ 11	\$ 110.00 Annual Group Member						ership fee							
Supporter o	0.00	Annual Supporter Membership fee, <i>no voting rights.</i>															
Note: Should your membership expire due to annual fees not being paid by the due date, then the membership will expire. A new Membership application is to be completed and another joining fee to be paid. New Applications, Do not send any money with this application. You will be advised of the Association's decision on your Application and will be issued with an invoice at that time.																	
For existing members renewals please pay fees directly, as above, deposited into our Bank account. Banking Details - BSB:- 062517 ACCT:- 1117 4230. Reference "Your Name" & "mship" so the Treasurer can identify member's payments.																	
Induction : / /				Membership No.							ceipt No.				Amount: \$		
Your Memb	ership f the dat	receipt i e that you	nust b	e reta	i ned ed to	as p atter	r oof c nd. Wh	of paym nen atte	ent a	All new	mem ductio	bers must a n all fees ar	ittend ar	n induct	tion meeting. You vert be paid at that tire	vill be ne.	
Office Use	Only		ate Re	Received				Date Acce			oted		D	Date Advised			
Office USE	Cilly	11							11					11			