

Macarthur Community Radio Association Inc.

P.O. Box 1420 Campbelltown

Phone 46252768

Fax: 4627 0670

APPLICATION FOR INDIVIDUAL OR GROUP MEMBERSHIP



NAME INDIVIDUAL - OR - HEAD of GROUP				
Title	SURNAME	FIRST NAME	OTHERS	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
DATE OF BIRTH	MEMBERSHIP TYPE	FULL	Pensioner	Disability
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Please tick type of membership required. <small>(Note concessional applicants must provide proof of concession held.)</small>				
HOME ADDRESS				
<input type="text"/>				
STREET No:	<input type="text"/>			
SUBURB	<input type="text"/>	STATE	<input type="text"/>	Postcode
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
POSTAL ADDRESS : INDIVIDUAL <small>(If same as 1st home address leave blank)</small>				
Number	<input type="text"/>	Street	<input type="text"/>	
Suburb	<input type="text"/>	State	<input type="text"/>	Postcode
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
CONTACT NUMBERS				
Home Phone	Work Phone	Mobile	Fax	Email address
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
FIELDS OF EXPERTISE				
<input type="text"/>				
Please Specify:-				
REASON FOR JOINING				
<input type="text"/>		Tick with an	<input checked="" type="checkbox"/>	
Presenter	<input type="text"/>	Volunteer	<input type="text"/>	Office Help
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Type of show you would like to present <input type="text"/>				
Music format <input type="text"/>				
<small>Note:- Programs are allocated by the programming committee as they become available</small>				
DECLARATION				
I hereby make application to join Macarthur Community Association Incorporated and agree to abide by the article 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 declare that I have/have not been convicted of any criminal offence in the past five years.				
I further undertake to notify the Board should I be charged with a serious offence that may bring the Radio Station into disrepute."				
Print Name	<input type="text"/>	Signature	<input type="text"/>	Date
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
MEMBERSHIP FEES AND CHARGES <small>(All fees and charges quoted are inclusive of GST)</small>				
Joining Fee	\$ 5.50	This is a once only joining fee		
Concessional members (Conditions apply)	\$ 16.50	Annual Concessional Fee		
FULL Membership	\$ 33.00	Annual full membership Fee		
GROUP	\$ 110.00	Annual FULL GROUP Membership Fee (Up to -5- PEOPLE only)		
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. 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.				
Induction	Membership Number	Receipt Number	Amount	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<i>All new members must attend an induction meeting. You will be advised of the date that you will be required to attend</i>				
<i>When attending the induction all fees and charges must be paid at that time.</i>				
Office Use Only	Date Received	Date Accepted	Date Advised	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

GROUP ADDITIONAL INFORMATION

Title	GROUP - 1 -	SURNAME	FIRST NAME	OTHERS
DATE OF BIRTH	COMMENTS:			
HOME ADDRESS				
STREET No:				
SUBURB		STATE	Postcode	

Title	GROUP - 2 -	SURNAME	FIRST NAME	OTHERS
DATE OF BIRTH	COMMENTS:			
HOME ADDRESS				
STREET No:				
SUBURB		STATE	Postcode	

Title	GROUP - 3 -	SURNAME	FIRST NAME	OTHERS
DATE OF BIRTH	COMMENTS:			
HOME ADDRESS				
STREET No:				
SUBURB		STATE	Postcode	

Title	GROUP - 4 -	SURNAME	FIRST NAME	OTHERS
DATE OF BIRTH	COMMENTS:			
HOME ADDRESS				
STREET No:				
SUBURB		STATE	Postcode	