

SOUTH EAST COMMUNITY ACCESS RADIO INC.

NEW MEMBERSHIP APPLICATION FORM

This form is for groups or individuals who wish to be a part of the ever expanding Community Radio Sector. Becoming a member you will be regularly updated with events & news via the stations Newsletter. You will be asked to be actively involved in events (wherever possible). If you wish to become a presenter you will be given the training to allow you to make a transition to on-air presentation. You are also urged to offer assistance to the station whenever possible as a commitment to this volunteer organization. 5GTRFM thanks you for your membership to the organization.

Membership fees for this year are as follows:

Concession (Student, Pension or Healthcare Card Must Be Presented)	\$20.00	<input type="text"/>
Full Membership	\$40.00	<input type="text"/>
Family Membership (2 adults and all children living with you)	\$80.00	<input type="text"/>
Corporate/Group Membership	\$160.00	<input type="text"/>

Membership of the association is from the 1st day of the calendar month in which it was first paid.
Renewals are due in that calendar month the following year.

Please fill in the information on the reverse of this form (as much as you wish to give) to assist in allowing us to accept your membership & send information to you as required. All information given will be treated as Confidential and will only be made available to the Board of Management & Station Manager.

ONCE THE REVERSE OF THIS FORM HAS BEEN COMPLETED, PLEASE READ & SIGN THE DECLARATION BELOW

Members Declaration:

I hereby apply for membership to South East Community Access Radio Incorporated, and agree to be bound by the Constitution of the Association and any rules and regulations that form part of the association bylaws.

I have been given a copy of the associations Code of Conduct Booklet. I shall read this and return the signed declaration to the Station Manager prior to commencement with voluntary work. If I do not wish to sign this booklet I understand that I will be unable to commence training or on-air presentation.

Signature of Applicant: _____ Date: _____

Membership is approved at the next meeting of the Board of Management.
Until then membership is only temporary and may be rejected with a refund of fees.

Accepted into membership and approved by the South East Community Access Radio Incorporated Board of Management
at its meeting held on / /200_ : Signed: _____ (Chairperson or Secretary)

-----Payment
Details: (Office Use Only)

Amount Paid \$____.____ Receipt Number: _____ Membership Card Issued: Yes / No

Signed Code of Conduct Declaration Received: Date: _____ Member #: _____

Please fill in the information below (as much as you wish to give) to assist in allowing us to accept your membership & send information to you as required. All information given will be treated as Confidential and will only be made available to the Board of Management & Station Manager.

Family Name: _____ **Given Name(s):** _____

Address: _____

Telephone: Home: _____ **Work:** _____ **Mobile No:** _____

E-Mail: _____ (we will send the newsletter via-email to you)

Age Group (please circle): 15-18 19-25 26-35 36-50 51-65 66+ **Gender:** Male / Female

Date of Birth: _____ **Marital Status:** (Single, Married etc.) _____

Languages Spoken: _____

Why have you become a member of SECAR: _____

What are your interests and hobbies? _____

What is your current work status: Full Time / Part Time / Unemployed / Student / Retired

In what industry have you worked (paid or unpaid): _____

Do you wish to be given training to become a presenter? Yes / No

(if yes) **When is the best time to be trained?** _____

What Genre of music are you interested in? (please circle)

Rock / Pop / Country / Blues / Jazz / Current / 50's – 70's / Metal / Other: _____

Once trained what programmes would you wish to be a fill in announcer for?

(a regular programme won't be available immediately following training)

Would you be able to offer assistance to 5GTRFM at fundraising activities from time to time? Yes / No

Is there any reason why you would not be able to assist with volunteer / fundraising work? Yes / No

(if yes, please explain) _____

As a new member we would appreciate if you could please give us two (2) character referees that may assist in the SECAR Board of Management in assessing your suitability for the proposed membership application.

Name: _____ Name: _____

Occupation: _____ Occupation: _____

Contact Number: _____ Contact Number: _____

Relationship with You: _____ Relationship with you: _____

Please Note: If you wish to put a proposal together for a programme that is different to what is aired currently on 5GTRFM, please fill out a Programme Proposal Form and pass it onto the Station Manager.