

SOUTH EAST COMMUNITY ACCESS RADIO INC.

MEMBERSHIP RENEWAL FORM

We thank you for your continued support of Community Radio 5GTRFM. Please take the time to complete this form to allow us to record any changes in our records to ensure our information is up to date.

Membership fees for this year are as follows:

Concession (Student, Pension or Healthcare Card <u>must</u> be presented)	\$20.00	<input type="checkbox"/>
Full Membership	\$40.00	<input type="checkbox"/>
Family Membership (2 adults and all children living with you)	\$80.00	<input type="checkbox"/>
Corporate/Group Membership	\$160.00	<input type="checkbox"/>
PLUS Presenters Defamation Insurance Levy (presenters only)	\$10.00	<input type="checkbox"/>

All prices include GST

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.

Family Name: _____ Given Names: _____

Address: _____

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

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

Date of Birth: _____ Year Membership Began (if known): _____ Member # _____

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

What programmes would you wish to be a fill in announcer for? _____
(please choose three that you would enjoy filling in if the regular announcer is away)

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 volunteering/fundraising work? Yes / No

If yes, please explain _____

Members Declaration:

I hereby reapply 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.

Signature of Applicant: _____ Date: _____

Membership is automatically renewed unless information has been provided to management that may require further discussion.

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Payment Details: (Office Use Only)

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