



ALBANY COMMUNITY RADIO 100.9FM
 Lotteries House 211-217 North Road
ALBANY WA 6330
 ABN 68 508 399 541
Email1009fm@westnet.com.au

Individual Membership Application Renewal

Please send completed form and fees to above address. Office Hours are 9:00am to noon Monday to Friday.

PLEASE PRINT DETAILS

| | |
|------------------|----------------|
| Surname: | Date of Birth: |
| First Names: | Home Phone: |
| Street Address: | Work Phone: |
| City/Town: | Mobile Phone: |
| Postcode: | Email: |
| Mailing Address: | |

| | | | | | | | | | |
|--|--|--------|--------------|--------|--|--------------|--------|--------------|--------|
| Family details: <i>Two full & all dependants living at the same address. Members included under this payment category:</i> | Proposed by: _____ Seconded by: _____ | | | | | | | | |
| <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%; padding: 2px;">First Names:</td> <td style="width: 20%; padding: 2px;">D.O.B.</td> </tr> <tr> <td style="padding: 2px;">First Names:</td> <td style="padding: 2px;">D.O.B.</td> </tr> </table> | First Names: | D.O.B. | First Names: | D.O.B. | <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%; padding: 2px;">First Names:</td> <td style="width: 20%; padding: 2px;">D.O.B.</td> </tr> <tr> <td style="padding: 2px;">First Names:</td> <td style="padding: 2px;">D.O.B.</td> </tr> </table> | First Names: | D.O.B. | First Names: | D.O.B. |
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| First Names: | D.O.B. | | | | | | | | |
| First Names: | D.O.B. | | | | | | | | |

I agree that all persons named on this form will abide by the Rules (Constitution), By Laws and Policies of Albany Community Radio (Inc).

| | |
|------------|-------|
| Signature: | Date: |
|------------|-------|

Membership Fees – All include GST.
Please tick box for membership type required.

| | |
|---|----------------|
| Full (Adult) | \$30.00 |
| Concession <i>(includes students, pensioners ,HCC holders)</i> | \$15.00 |
| CARD No. | |
| Family Two Full & all Concession members as above. All residing at same address. | \$60.00 |

This form will act as a Tax Invoice when the indicated fee is paid.

Office use only.

Date received: _____

Amount received: \$ _____

Cash/Cheque _____

Membership No: _____

Receipt No: _____

Signed: _____

Date: _____

All memberships are subject to committee approval.