

Membership Application

First Applicant or Group Name

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First Name or Group Name

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Surname

Second Applicant (if Applicable)

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

First Name

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Surname

Date ___/___/20__



Postal Address

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Number | Street /Road etc.

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Suburb | Postcode

Email Address

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Phone																			
Mobile																			

Membership Fees. (Tick appropriate box)

- | | | |
|--|----------------------|----------------|
| <input type="checkbox"/> Retired Person & Bona Fide Concessional | Twenty Seven Dollars | \$27.00 |
| <input type="checkbox"/> Individual under 18 years of age or student | Twenty Seven Dollars | \$27.00 |
| <input type="checkbox"/> Individual | Forty Two Dollars | \$42.00 |
| <input type="checkbox"/> Family | Fifty Seven Dollars | \$57.00 |
| <input type="checkbox"/> Groups | Sixty Two Dollars | \$62.00 |

Donations.

Eastern Community Broadcasters Inc. is a fully volunteer organisation which relies upon the generosity of our community listeners.

I wish to donate the sum of \$_____

Payment.

I / we enclose the appropriate Membership fee. (Tick appropriate box)

Cash Cheque Direct Debit Website

Direct payment to Eastern Community Broadcasters Inc. BSB 063124 Account 10002618
 Payment may be made by credit card at our Website Radioeasternfm.com.au

Please indicate your program content interests on the reverse of this form.



