



SHOALHAVEN COMMUNITY RADIO INC
PO Box 884, NOWRA. 2541. NSW
Phone 0244221193 manager@tripleu.org.au

MEMBERSHIP APPLICATION FORM (Website)

Please download & print this form. Once all questions have been completed, the form can be mailed with your payment to the address shown or emailed. Payment can be made by cheque EFT to our account or in person. If payment is made by EFT, you must include your surname with the deposit. Once received, your payment will be acknowledged by the issue of a Tax Invoice by email or post.

Your Name _____

Your date of birth (optional if over 18 years) _____

Your residential address _____

Postal address (if different from above) _____

Telephone contact numbers, Home _____ **Work** _____

Email address (if applicable) _____

Have you been a member of a community organization in the last 5 years ? Yes No

If yes, to the above question, please provide the name of the organization _____

Do you speak a language other than English ? Yes No *If yes, please state which*

language/s _____

CONTINUES OVERLEAF ►►►►

Are you interested in being trained to present a program on Triple U FM ? Yes No

Do you have any special skills that you believe would be valuable to the organization ? Yes No

If Yes please give some details _____

Do you use a computer at home or at work ? Yes No If Yes, what programs do you use regularly ? _____

Category of membership Family/Corporate Individual Pensioner Student

Family/Corporate – AU\$110 incl GST, Individual – AU\$88 incl GST, Pensioner/Student – AU\$55 incl GST

DECLARATION:

I, (your name) _____ hereby apply for membership of Shoalhaven Community Radio Inc and if accepted for membership, after payment in full of the prescribed fee, agree to abide by the rules of the organization and all reasonable & lawful directives of the appointed committee or any other person acting in an official capacity as appointed by the committee.

Signed _____

Parent or guardian (if under 18 years of age) _____

OFFICIAL USE ONLY

Payment made by _____

Date of payment _____

Tax invoice # _____

Accepted by committee ? Yes No

If No, date refund forwarded _____ Cheque # _____