

CAPITAL COMMUNITY RADIO (INC.)

Phone: (08) 9364 9888 Fax: (08) 9364 1155

Website: www.capitalcommunityradio.com; Email: info@capitalcommunityradio.com

MEMBERSHIP APPLICATION

Available categories - tick one box:

- | | | | | |
|--|-------------------|-------------------|-------------------|-------------------|
| <input type="checkbox"/> INDIVIDUAL | Full Year | 1 October | 1 January | 1 April |
| <input type="checkbox"/> COUPLE | <u>to 30 June</u> | <u>to 30 June</u> | <u>to 30 June</u> | <u>to 30 June</u> |
| <input type="checkbox"/> SMALL BUSINESS/CORPORATE | \$32 each | \$24 each | \$16 each | \$8 each |
| | \$28 each | \$21 each | \$14 each | \$7 each |
| | \$100 | | | |

Couples please complete a separate application form for each person
This information is private and shall not be released unless required or authorised by law
if you tick the privacy option below.

NAME: _____

ADDRESS: _____

SUBURB: _____ **POSTCODE:** _____

Birthdate (if you wish to be on our Birthday List): ____ / ____ / 20____

Phone: _____ **Fax:** _____ **Mobile:** _____

Email: _____

- Tick here if you do not wish the above Membership details to be made available to any individual or organisation other than to the management committee members of Capital Community Radio Inc.

ALSO WISH TO BE A VOLUNTEER (please tick) ____
(complete a Volunteer Form - you can be a Volunteer at no extra cost)

Complete the above, sign below and post to:
The Secretary, Capital Community Radio (Inc.), PO Box 1388, BOORAGOON, WA, 6954.
Include a cheque or money order with your application, or pay by electronic transfer to
BSB No: 633-000; Account No: 134101914; Ref.: your surname

I understand and agree to abide by the Rules and Standards as stipulated by Capital Community Radio. Furthermore, I will uphold the responsibilities and obligations as determined in the Capital Community Radio Constitution, Policies, Procedures and the CBAA radio Codes of Practice.

I understand that my membership is subject to Management Committee approval and that the Management Committee can refuse my membership in accordance with clauses 5 and 9 of the Constitution of Capital Community Radio, in which case any paid membership fee is refunded. The full membership fee is due upon signing this document and must be renewed annually.

If I cease to be a member of Capital Community Radio, I cannot claim a refund of membership. I further agree to NOT copy, sell or pass-on Capital Community Radio intellectual property, which includes all publications, procedures, policies and other property, without written consent from the Capital Community Radio Management Committee.

I understand that failure to comply with the above may lead to expulsion from Capital Community Radio.

Applicant Signature: _____ **Date:** ____ / ____ / 20____

Nominating Member (signature): _____ **Member Name:** _____
(should applicant not know a current member, please contact the station Secretary, details at top of form)