

CAPITAL COMMUNITY RADIO (INC)

Phone: (08) 9364 9888

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

MEMBERSHIP APPLICATION

	<u>Full Year to 30 June</u>	<u>1 October to 30 June</u>	<u>1 January to 30 June</u>	<u>1 April to 30 June</u>
<input type="checkbox"/> INDIVIDUAL	\$36	\$27	\$18	\$9
<input type="checkbox"/> - "" - (Seniors Card holder)	\$32	\$24	\$16	\$8
<input type="checkbox"/> COUPLE (fee per person)	\$28	\$21	\$14	\$7
<input type="checkbox"/> - "" - (Seniors Card holder)	\$25	\$19	\$13	\$6
<input type="checkbox"/> SMALL BUSINESS & CORPORATE	\$100			

Couples: please complete a separate application form for each person.

NAME: _____

ADDRESS: _____

SUBURB: _____ **POST CODE** _____

Email: _____

Phone: _____ **Mobile:** _____

Privacy: your membership details are kept private (except for use by the Management Committee of Capital Community Radio Inc or as required or authorised to be disclosed by law).

I ALSO WISH TO BE A VOLUNTEER (optional - tick here if you'd like to volunteer.

<ul style="list-style-type: none">Pay by electronic transfer to BBS No: 633-000; Account No: 134 101914; Ref: your surname			
<ul style="list-style-type: none">OR Pay by credit card: <input type="checkbox"/> Visa <input type="checkbox"/> Master Card Amount: \$			
Card No:	_____	Exp. Date:	____/____
Name on card:		Signature: _____	
<ul style="list-style-type: none">OR include a cheque or money order with your application			
<input type="checkbox"/> Tick this box to receive a tax receipt for any donation above your membership fee.			

Upon approval of your application for membership (in accordance with the Constitution), you will be a Member and receive a Membership Card by post. Please note that a Member is only liable for their outstanding fees payable under rules 9.1 and 9.2 of the Constitution. No Member is liable by reason of their Membership for the liabilities of Capital Community Radio or the costs of winding it up.

Applicant's Declaration:

I agree to be bound by the Constitution, Rules and Policies of Capital Community Radio and the Community Broadcasting Association of Australia Codes of Practice, as amended from time to time.

Applicant's Signature: _____ **Date:** _____

Nominating Member (signature): _____

Nominating Member Name: _____

(if you don't know a current member of Capital Community Radio, you may send in the form anyway).

Please complete the above, sign and email to:

info@capitalcommunityradio.com Or post (with payment if applicable) to:

The Secretary, Capital Community Radio (Inc), PO Box 1388, Booragoon, WA, 6954