

Macarthur Community Radio Association Inc.

P.O. Box 1420 Campbelltown NSW 2560

Phone 46252768

Fax: 4627 0670



APPLICATION FOR INDIVIDUAL MEMBERSHIP

NAME INDIVIDUAL			
Title	SURNAME	FIRST NAME	OTHERS
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

DATE OF BIRTH	MEMBERSHIP TYPE	FULL	Concession	FRIEND OR SUPPORTER
<input type="text"/>	Please tick type of membership required. <i>(Note concessional applicants must provide proof of concession held.)</i>			

HOME ADDRESS			
STREET No:	<input type="text"/>		
SUBURB	STATE	Postcode	<input type="text"/>

POSTAL ADDRESS : INDIVIDUAL		<i>(If same as 1st home address leave blank)</i>	
Number	Street	<input type="text"/>	
Suburb	State	Postcode	<input type="text"/>

CONTACT NUMBERS				
Home Phone	Work Phone	Mobile	Fax	Email address
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

FIELDS OF EXPERTISE
Please Specify:-
<input type="text"/>

REASON FOR JOINING	MARK with an <input checked="" type="checkbox"/>
<input type="checkbox"/> Presenter <input type="checkbox"/> Volunteer <input type="checkbox"/> Office Help <input type="checkbox"/> Panel Operator	
Type of show you would like to present	<input type="text"/>
Music format	<input type="text"/>
Note:- Programs are allocated by the programming committee as they become available	

DECLARATION	
<p>I hereby make application to join Macarthur Community Association Incorporated and agree to abide by the Articles of Association and the Station Rules. I understand that any service given as a Member of the Association is on a voluntary basis in accordance with the Aims and the Objectives of the Association. I further agree to pay all charges and fees as authorised under the Articles and Rules of the Association. I further undertake to notify the Board of Management should any matter be likely to bring the Radio Station into disrepute."</p> <p><i>When your application is approved ~ You will be given all relevant documents necessary for your information as per Membership rules etc.</i></p>	
Print Name	Signature
<input type="text"/>	<input type="text"/>
Date	<input type="text"/>

MEMBERSHIP FEES AND CHARGES	(All fees and charges quoted are inclusive of GST)								
<table border="1"> <tr> <td>Joining Fee</td> <td>\$ 5.50</td> </tr> <tr> <td>Concessional members (Conditions apply)</td> <td>\$ 27.00</td> </tr> <tr> <td>FULL Membership</td> <td>\$ 44.00</td> </tr> <tr> <td>Supporter of MCR</td> <td>\$.</td> </tr> </table>	Joining Fee	\$ 5.50	Concessional members (Conditions apply)	\$ 27.00	FULL Membership	\$ 44.00	Supporter of MCR	\$.	<p>This is a only a Joining - OR - Rejoining Fee</p> <p>Annual Concessional Fee <i>(Proof of same required)</i></p> <p>Annual Full Membership Fee</p> <p>Annual support Membership <i>(No voting rights)</i></p> <p><small>CONCESSION FEES DO NOT APPLY FOR THIS TYPE OF MEMBERSHIP</small></p>
Joining Fee	\$ 5.50								
Concessional members (Conditions apply)	\$ 27.00								
FULL Membership	\$ 44.00								
Supporter of MCR	\$.								
<p>NOTE: ~ Should your membership expire due to annual fees not being paid by the due date, then the membership will expire. A new Membership application is to be completed and another joining fee to be paid. Do not send any money with this application. You will be advised of the Association's decision on your Application and will be issued with an invoice at that time.</p>									

Induction	Membership No:	Receipt Number	Amount	\$
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Your Membership receipt must be retained as proof of payment				
<p>All new members must attend an induction meeting. You will be advised of the date that you will be required to attend</p> <p>When attending the induction all fees and charges must be paid at that time.</p>				

Office Use Only	Date Received	Date Accepted	Date Advised
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>