



"The Valley Comes Alive with 88.5"

NEW MEMBER

RENEWAL

(Complete in full)

VCA88.5 fm, Suite 5/46 Coolamon Boulevard, Ellenbrook WA 6069

MEMBERSHIP APPLICATION FORM

NAME:	
ADDRESS:	
PHONE: (H):	(M):
EMAIL:	DOB:
NEXT OF KIN:	PHONE NO:
Are you Aboriginal or Torres Strait Islander?	YES: <input type="checkbox"/> NO: <input type="checkbox"/>
Place of Birth:	Nationality:

Previous experience in Radio and reason for applying for Membership:

Please indicate what area you are interested in:

PRESENTER <input type="checkbox"/>	PRODUCTION <input type="checkbox"/>	FUNDRAISING <input type="checkbox"/>
MARKETING <input type="checkbox"/>	PRODUCER <input type="checkbox"/>	SALES <input type="checkbox"/>
I/WE AGREE TO ASSIST WITH FUNDRAISING:		YES: <input type="checkbox"/> NO: <input type="checkbox"/>

MEMBERSHIP FEES:

ORDINARY SINGLE: \$35.00	CONCESSION SINGLE: \$25.00	BUSINESS: \$50.00
ORDINARY COUPLE: \$50.00	CONCESSION COUPLE: \$40.00	INCORPORATED ASSOCIATION: \$50.00
FAMILY: \$60.00		

PAYMENT OPTIONS: TICK

CHEQUE: MONEY ORDER: CASH: DIRECT CREDIT:

BENDIGO BANK
BSB 633 00
A/C NO: 1469 78374

ASSOCIATIONS INSURANCE PURPOSES:
By signing this form you *confirm* that you:

- Have never been declared bankrupt.
- Have never been convicted of a criminal offence in the last 5 years.
- Have not had any insurance declined or cancelled; application rejected; renewal refused or special conditions imposed.
- Have not suffered any loss or damage which would be covered by this insurance policy.

SIGNATURE: _____ DATE: _____

MEMBERSHIP SECRETARY USE ONLY

PAID RECEIPT NUMBER: _____ DATE: _____