



APPLICATION FOR MEMBERSHIP

Please note that for an application to be valid all mandatory fields (marked with *) must be completed.

INFORMATION REQUIRED FOR THE MEMBERS REGISTER

This information will become part of the members register, details of which are available to any member of the Association.

*Full name:.....

It is a legal requirement that we have your residential address in the members register, If you do not want your address to become public please mark this section YES or NO, your privacy is paramount at Hawkesbury Radio.

YES NO

APPLICANT'S INFORMATION

This information is part of the members register and is NOT available to other members or members of the public unless agreed, in writing, by you.

*Residential Address:.....Post Code.....

*Postal Address:Post Code.....
(if different from above)

*Home Phone:OR Mobile:

* email address:@.....

* I declare that I am over the age of 18 years (evidence may be required)

D.O.B. Optional 18-25 25-50 50-60 60-70 70 Plus

Male Female Other [] [] [] [] []

PRIVACY
The Association takes your privacy seriously and will not disclose any information you provide in this form without your written consent except where required by law.

DECLARATION.

I hereby apply for membership of the Hawkesbury Radio Communications Association Inc.
If this application is approved I agree to pay all charges required and to abide by the rules of the Association and all alterations thereof registered in accordance with the law.
I understand that upon approval I will be invoiced for all fees

- a) Ordinary Member \$15.00 (GST incl.) This is the annual membership fee for all members and is due on the 1st of April each year.
b) Member plus Presenter \$50.00 (GST Inc) This is the annual presenters fee for members who present on air this fee is also due on the 1st of April each year.
c) Are you currently or in the past been a member of this or any other Community Radio Station YES / NO

*Signature of Applicant.....DATE...../...../2022

(Witness / Sponsor Must be a Member of the Association)

*Name of Witness (please print)

*Witness to signDate...../..... /2022

Office use only: Date Received...../...../2022 Folio Reference.....

ID Confirmed NO YES Approved Declined Deferred Date...../.....2022

Approved By: Print.....Sign.....Print.....Sign.....