



### 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:.....

\*Address: .....

**OR** If you do not want your address to become public you can be contacted through the Association; by inserting the station's address above: **11 Fitzgerald Street, Windsor NSW 2756**

#### APPLICANT'S INFORMATION

This information is not part of the members register and is **NOT** available to other members 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 1<sup>st</sup> 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 1<sup>st</sup> 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...../...../2021

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

\*Name of Witness (please print) .....

\*Witness to sign .....Date...../..... /2021

Office use only: Date Received...../...../2021 Folio Reference.....

ID Confirmed  NO  YES Approved  Declined  Deferred  Date...../.....2021

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