

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 Co-operative;
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 _____

* Home Phone: _____ **OR** Mobile: _____

email address: _____
(if available)

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

PRIVACY

The Co-operative 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 and, in accordance with the rules, I enclose the membership fee (or prorata portion as listed below) :

If this application is received between 1 April and 30 June, \$27.50 membership begins from 1 April

If this application is received between 1 July and 30 September \$20.50 Membership covers 1 July to 31 March

If this application is received between 1 October and 31 December \$14.00 Membership covers 1 October to 31 March

If This application is received between 1 January and 31 March \$27.50 Membership covers 1 January to 31 March of the following year (i.e. 1.25 years)

If this application is approved I agree to pay all charges required and to abide by all rules of the Association and all alterations thereof registered in accordance with the **Associations Incorporation Act 2009** .

* Date: ____/____/____

Witness/Sponsor (*Must be an active member of the Association*)

* *Signature of Applicant*

* *Name of Sponsor (please print)*

(Sponsor Signature)

Office Use Only Date Received: _____ Folio reference: _____