



WAY OUT WEST BROADCASTERS INCORPORATED

PO Box 96, Semaphore SA 5019

Tel/Fax (08) 8449 3007

Web: wowfm.org

ABN: 26 736 102 071

APPLICATION FOR MEMBERSHIP

Name: _____

Address: _____

Suburb: _____ Postcode: _____

Please Note: If your postal details change please advise the secretary as soon as possible.

Contact Details

Phone: (H) _____ (W) _____ (Mob) _____

Email:

Preferred method of contact: (please supply) _____

Occupation: _____ Date of Birth: ____ / ____ / ____

How did you get introduced to WOW FM?: _____

IN CASE OF EMERGENCY - CONTACT
Name: Ph: Relationship:

I/we hereby apply to be accepted as a member of Way Out West Broadcasters Incorporated (WOW FM) and in respect of such application I lodge herewith all charges or fees associated in accordance with the Rules of this Association. If this application is approved, I agree to be bound by the Rules Regulation of this Association and in accordance with the Associations Act, and to pay all charges required. Approval of this application places no obligation on the Board of Management to provide the member with air time.

Fees/charges

Payable on and renewable at the end of every financial year (30th June), annual membership fee includes GST.

Institution/Organisation:	\$82.50	Individual:	\$33.00
Charity/Non Profit Organisation:	\$55.00	Concession:	\$16.50

Concession Status: _____ Identification Sighted by: _____

I am under/over 18 years of age.
Signature (Applications/or Guardian/Group Representative):

I/we hereby agree to abide by the Constitution and adhere to the Rules and Regulations of this Association.

Signature: _____ Date: ____ / ____ / ____

OFFICE USE ONLY
Date Approved: ____ / ____ / ____
Receipt No: _____ Membership No: _____