



**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 (30<sup>th</sup> June), annual membership fee includes GST.

Bank details for EFT: Bendigo Bank-BSB 633-000, Account no: 138897848 Way Out West Broadcasters Inc

**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: \_\_\_\_\_