



Lower Clarence Community Radio Inc.

PO Box 601, Yamba NSW 2464

02 6646 1100

info@tlcfm.com.au

www.tlcfm.com.au

ABN 65 131 198 559

MEMBERSHIP APPLICATION

Name: _____

Address: _____

Mobile phone: _____ **Other:** _____

Email: _____

Optional: Date of birth: _____

Working with Children Check Number: _____

Driver's Licence/Photo ID Number: _____

I apply to be a member of Lower Clarence Community Radio Inc. and I agree to:

- (a) be a supportive member
- (b) meet my financial obligations to the Lower Clarence Community Radio Inc.
- (c) abide by the objectives, rules and by-laws, **policies** and procedures (eg Presenter Handbook, OH&S, CBAA Codes of Practice)
- (d) attend and/or complete all staff training/updates, where applicable

I acknowledge that new membership applications are subject to final approval at the next board meeting. **Successful applicants will be contacted upon which time payment will be due.**

Signed by Applicant: _____ **Date:** _____

Nominated by Current Member: _____ **Date:** _____

Please return this signed form to the Secretary

Approved applications:

Fee: Full Member \$20 Concession \$10 **Date paid:** _____

All annual membership renewals are due on 30 June each year.

New memberships paid between April and June will cover membership for the subsequent year.

Payment: Direct deposit **BSB: 533-000 Account: 32857493 Bank: BCU**

Cheque Payable to 2TLC Lower Clarence Community Radio Inc.

In person At any branch of BCU or at the station (under office door)

Please state your name and "membership" when making the payment by any of the above methods. A receipt will be issued.

Office Use: Board Approval Receipt Issued Members Register Contact List/s