

APPLE 98.5 FM
Bacchus Marsh Community Radio Inc.
ABN: 54 805 151 186



APPLE 98.5fm
Bacchus Marsh Community Radio

PO Box 458
Bacchus Marsh, Vic, 3340

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T: 03 5367 6671 (not always attended)
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BACCHUS MARSH COMMUNITY RADIO INC.

APPLICATION FOR MEMBERSHIP OF ASSOCIATION - [APPENDIX 1 - (Rule 9 (1)a)]

I,
(full name of applicant)

of
.....
.....
(full address & post code of applicant)

hereby apply to become a member of the above-named incorporated association.
In the event of my admission as a member I agree to be bound by the rules of the
association for the time being in force.

Signature of applicant

Date

If applicant is under 18 years of age:

.....
(full name of parent / guardian)

.....
.....
.....
(full address & post code of parent / guardian if different to that of applicant)

Signature of parent / guardian

Date

Personal Details

Name : Date of Birth:

Phone: Home: Work: Mobile:

Email: (please print clearly)

Person to contact in case of emergency:

Name :

Phone: Home: Work: Mobile:

Membership Categories – Tick your Category

Full / Individual: \$120 per annum

Pensioner / Student / Junior under 18 / Concession Card holder: \$60 per annum

Family (under 16 y.o. child of a financial member): no charge

Experience

Have you had any prior experience at a radio station? Yes / No (please circle)

If yes, details please:

.....

General

Are you interested in presenting a program? Yes / No (please circle)

If yes, what type of program?

How would you like to present? Alone With a partner No preference (please tick)

What is your usual occupation?

Please list your hobbies or interests:

IMPORTANT: Do not make payment at this stage. Your application will be considered by the Committee and you will be advised of its decision. If successful you will be sent an invoice for payment. Successful applicants will be required to pass a Working with Children Check Victoria, and satisfy necessary induction and training processes for final approval to be granted. Should any of these requirements not be met your membership payment will be returned.

BMCRI Use Only Committee Decision: Approved?: Yes / No Date

Invoice No. & Date: Received: \$. Date: Receipt No.

President: Station Manager

Membership No. Membership from to