



Membership Renewal

Tribe FM Incorporated

6 Railway Terrace Willunga SA 5172
PO Box 810 Willunga SA 5172
Ph: (08) 8528 9919
tribefm@tribefm.org.au
tribefm.org.au

We need to make sure your contact details are up to date each year

Be involved and support Onkaparinga's Community Radio Station giving your local community a voice

Please tick the applicable box, complete your details and choose a payment method (see below)

MEMBERSHIP TYPES and FEES:

- PERSONAL MEMBERSHIP **\$48 per annum** No Pro-rata Fees applicable.
 - COUPLE MEMBERSHIP **\$54 per annum**
 - FAMILY MEMBERSHIP **\$60 per annum** Concession Holders 50% off.
 - CONCESSION **50% off above**
- CONCESSION CARD NUMBER(s): (if claimed) _____

CORPORATE MEMBERSHIP **\$240 per annum**

Note: Each membership carries one vote.

Payable on and renewable at the end of every financial year (June 30) Annual Membership fee has no GST.

Fee equals _____ (Annual Fee) *, then /2 if concession. \$ _____

EFT Details: Account Name: Tribe FM Inc, BSB: 633 000, Account Number: 135 369 627

With your last name, initial as the reference. for example **Smith J**

MEMBER DETAILS: Must be filled in DO NOT put "as before", we need to confirm all details for the SGM

NAME: Primary Member (Couple / Family) / Corporate Name **DOB:** _____

NAME: Associated Member (Couple / Family) / Corporate Contact Name **DOB:** _____

NAME: Associated Member Under 18 **DOB:** _____

NAME: Associated Member Under 18 **DOB:** _____

RESIDENTIAL SUBURB: _____ **STATE** _____ **POSTCODE** _____

POSTAL ADDRESS: if different from above. _____

POSTAL SUBURB: _____ **STATE** _____ **POSTCODE** _____

TELEPHONE: HOME _____ **MOBILE:** _____

EMAIL ADDRESS: _____

MAILCHIMP NEWSLETTER **YES** OR **NO**

I apply to renew as a member of Tribe FM Incorporated, with fees paid in advance. I hereby continue to agree to abide by the Constitution and the Rules of this Association and its revisions. I am over 18 years of age.

Signature: _____ Date: _____ / _____ /20_____

OFFICE USE ONLY

Original Join Date: _____ / _____ / _____

Date Records Updated: _____ / _____ / _____

** Form to be sent to secretary@tribefm.org.au or PO Box 810 Willunga SA 5172

Existing Member