TRIBE FM 91.1

Membership Application

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

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**	Pro-rata Fees for joining members are calculated on number of calendar months to 1st July divided by 12. Concession Holders 50% off.
COUPLE MEMBERSHIP	☐ **$54 per annum**	
FAMILY MEMBERSHIP	☐ **$60 per annum**	
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.

e.g. July is 12/12, November is 8/12, March is 4/12
Fee equals _____(Annual Fee) * (months to go to EOFY) / 12, 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 ADDRESS:

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 be accepted as a member of Tribe FM Incorporated, with fees paid in advance. If this application is approved by the board, I hereby agree to abide by the Constitution and the Rules of this Association and its revisions. Approval of this application places no obligation on the Board of Management to provide the member with air time. I am over 18 years of age.

Signature: _____ **Date:** ____ / ____ /20____

OFFICE USE ONLY Board Member Sign 1: _____

Date Approved: ____ / ____ / ____ Board Member Sign 2: _____

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

New Member

20171214 V3-3