



# 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](mailto:tribefm@tribefm.org.au)

[tribefm.org.au](http://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                     | <input type="checkbox"/> \$48 per annum | Pro-rata Fees for joining members are calculated on number of calendar months to 1 <sup>st</sup> July divided by 12.<br>Concession Holders 50% off. |
| COUPLE MEMBERSHIP                       | <input type="checkbox"/> \$54 per annum |   |
| FAMILY MEMBERSHIP                       | <input type="checkbox"/> \$60 per annum |   |
| CONCESSION                              | <input type="checkbox"/> 50% off above  |   |
| CONCESSION CARD NUMBER(s): (if claimed) |   |   |

CORPORATE MEMBERSHIP  \$240 per annum No Pro-rata Fees applicable.

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

**Form to be sent to [secretary@tribefm.org.au](mailto:secretary@tribefm.org.au) or PO Box 810 Willunga SA 5172**

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

New Member