



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	<input type="checkbox"/>	\$48 per annum	Pro-rata Fees for joining members are calculated on number of calendar months to 1 st July divided by 12. 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	<input type="checkbox"/>	\$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:

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 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