## fm 100-5

## WAY OUT WEST BROADCASTERS INCORPORATED

PO Box 96, Semaphore SA 5019 Tel/Fax (08) 8449 3007

**Web: wowfm.org** ABN: 26 736 102 071

## **APPLICATION FOR MEMBERSHIP**

name:				
Address:				
	Postcode:			
Please Note: If your posta  Contact Details	al details change	please advise the secretary as s	oon as possible.	
Phone: (H)	(H)(Mob)			
Email:				
Preferred method of contact: (plea	se supply)			
Occupation:Date of Birth: Day Month				
How did you get introduced to WOW FM?:				
IN CASE OF EMERGENCY - CONTAC	<u>CT</u>			
Name:	Ph:	Relationsh	ip:	
I/we hereby apply to be accepted as a member of Way Out West Broadcasters Incorporated (WOW FM) and in respect of such application I lodge herewith all charges or fees associated in accordance with the Rules of this Association. If this application is approved, I agree to be bound by the Rules Regulation of this Association and in accordance with the Associations Act, and to pay all charges required. Approval of this application places no obligation on the Board of Management to provide the member with air time.				
Fees/charges Payable on and renewable at the end of	of every finan	cial year (30 <sup>th</sup> June), annu	al membership fee includes GST.	
Bank details for EFT: Bendigo Bank-BSB 633-000, Account no: 138897848 Way Out West Broadcasters Inc				
Institution/Organisation:	\$82.50	Individual:	\$35.00	
Charity/Non-Profit Organisation:	\$55.00	Concession:	\$18.00	
Concession Status:Identification Sighted by:				
I am under/over 18 years of age. Signature (Applications/or Guardian/Gr	oup Represe	ntative):		
		•	egulations of this Association.	
Signature (Applications/or Guardian/Gr	stitution and a	adhere to the Rules and Re		
Signature (Applications/or Guardian/Gr I/we hereby agree to abide by the Cons	stitution and a	adhere to the Rules and Re	e: <u>//</u>	