



# MEMBERSHIP APPLICATION FORM

Tick appropriate box:  New Membership  Renewing Membership

**First Name:** \_\_\_\_\_ **Surname:** \_\_\_\_\_

**Address** \_\_\_\_\_

**Suburb:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Postcode:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Mobile:** \_\_\_\_\_

Tick in first column then write amount in 'Total Amount' followed by 'Total Payable'.

Tick Box			Total Amount
<input type="checkbox"/>	Full Membership	\$40.00	
<input type="checkbox"/>	Presenter Fee	\$20.00	
<input type="checkbox"/>	Pensioner / Student	\$10.00	
	<b>Total Payable</b>		<b>\$</b>

**Bank Details:**

**Account Name:** Beaudesert Community Radio Inc.

**B.S.B:** 704 640

**Account Number:** 41542480

**Reference:** Use First Name & Surname for payment processing

Signature: \_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / 20\_\_

Witness: \_\_\_\_\_ (Must be a full member)

OFFICE USE ONLY		
Financial Year of: 20____		Date: ____ / ____ / 20__
Membership No: _____	<input type="checkbox"/> Accepted	<input type="checkbox"/> Rejected
Application Recd at Gen. Meeting:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Applicant Advised by Secretary:	<input type="checkbox"/> Yes	<input type="checkbox"/> No