



TAX INVOICE MEMBERSHIP APPLICATION FORM

INVOICE NUMBER: XXXXXX

YOUR DETAILS	
NAME:	
DATE OF BIRTH:	
EMAIL ADDRESS:	
HOME ADDRESS:	
	SUBURB: POST CODE:
POSTAL ADDRESS:	
	SUBURB: POST CODE:
HOME PHONE:	MOBILE PHONE:
ORGANISATION:	

TYPE OF MEMBERSHIP	
Ordinary Membership	\$44.00* <input type="checkbox"/>
Concessional Membership – Persons possessing a current student, pension, concession or senior’s card in their name which is validly issued by the respective Australian Government or Institution Authority. You may be required to produce a copy of this card upon acceptance of your membership. Card Identification Number:	\$22.00* <input type="checkbox"/> * All fees include GST

HOW TO PAY – Payment Required with Submission of this Application Form

Account Name: Sutherland Shire Community Radio Assoc Inc BSB: 112 879 A/C #: 043 418 327 Reference: Your Surname & Initial Fax this form and your remittance to 02 9545 1300		Post your cheque or money order and this form to: Sutherland Shire Community Radio Assoc Inc P.O. Box 997, Sutherland NSW 1499
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CONDITIONS OF MEMBERSHIP

It is a condition of membership of the Sutherland Shire Community Radio Assoc Inc (“2SSR”) that you, and you acknowledge and agree to, comply with the Constitution, Code of Conduct and any other policies applicable to members of 2SSR from time to time. Copies of these documents are on the Associations website at www.2ssr.com.au Payment of membership fees is acceptance and acknowledgement of these requirements.

QUESTIONNAIRE

I would like to become involved in the following areas:

<input type="checkbox"/> Program Presentation	<input type="checkbox"/> Panel Operation	<input type="checkbox"/> Technical Services	<input type="checkbox"/> Interviews
<input type="checkbox"/> Promotions	<input type="checkbox"/> Training	<input type="checkbox"/> Production	<input type="checkbox"/> Copywriting
<input type="checkbox"/> Administration	<input type="checkbox"/> Women’s Programs	<input type="checkbox"/> Youth Programs	<input type="checkbox"/> Management
<input type="checkbox"/> Programming	<input type="checkbox"/> Community Liaison	<input type="checkbox"/> Liaison with Business	<input type="checkbox"/> Fundraising
<input type="checkbox"/> News Reporting	<input type="checkbox"/> Clerical	<input type="checkbox"/> Seniors Programs	<input type="checkbox"/> Sales
<input type="checkbox"/> Public Relations	<input type="checkbox"/> Sports Programs	<input type="checkbox"/> Religious Programs	<input type="checkbox"/> Marketing

Please provide details of your experience or qualifications with any of the above:

Type of programs I would like to hear.....

Music preference.....

How did you hear about us?.....

Signature..... Date.....