



Association Membership Application Form

**** Please print clearly ****

Surname:	
First name:	
Postal address:	Street/PO Box _____ Town/Suburb _____ State _____ Postcode _____
E-mail:	

I _____ hereby apply to be admitted as a member of COMMUNITY RADIO 2XX INCORPORATED. I agree to be bound by the Rules of the Association and to pay all charges required by the Rules registered in accordance with the Rules of Association.

Signature:	
Date of application:	

Note: Membership applications must be signed by two members of the Association (Rule 5(2)).

Member 1 Name:	
Member 1 Signature:	
Date:	

Member 2 Name:	
Member 2 Signature:	
Date:	

The Annual Membership fee is \$5.00 (incl. GST) and is payable in July each year.

ASSOCIATION USE ONLY

Renewing subscriber for at least twelve months or such lesser period as the Board may determine **(Rule 5(2)(b)(i))**: _____ Y / N
 Application signed by two members of the Association **(Rule 5(3)(a))**: _____ Y / N
 Application signed by applicant **(Rule 5(3)(b))**: _____ Y / N

Payment taken by (Staff):	Date: _____
	Receipt no: _____
Application provided to Public Officer:	Date: _____
Application forwarded to Board by Public Officer:	Date: _____
Application accepted by the Board: Y / N	Date: _____
Public Officer advised by Secretary of Board's decision:	Date: _____
Applicant advised by Public Officer:	Date: _____