



Association Membership Renewal Form

**** Please print clearly ****

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

I _____ hereby renew my membership 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:	

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

ASSOCIATION USE ONLY

Payment taken by (Staff):

_____ Public Officer advised:

Date: _____ Receipt no:

Date: _____