## Application for Membership/Renewal



Contact Information	[BLOCK I	[BLOCK LETTERS PLEASE]							
Salutation First Name		 Last	 Name						
Residential Mailing Street or Post Office Box			ddress Line						
Town	State		Postcoo		 code	Current Membership Number (Renewals			
Preferred contact phone number			Male		Female		Other/Not	Speci	ified
		☐ (Opti	Single ional)		Married		De facto		Other
Email address							ecial offers, olunteering		
Membership Details Please complete the section "Membersh	nip Category" c	on the	e reverse	side of	f this form				
Payment Methods  Payment can be made by any of the following	g methods –								
<ul><li>Cash to an authorised membership offic</li><li>Membership application sent in the main</li></ul>		anyin	g members	ship ap	plication. <i>I</i>	An inte	rim receipt v	will be	issued.
☐ With Cheque or Money Orde	r made out to "S	eymo	ur Puckapı	unyal C	ommunity	Radio I	<i>Inc."</i> (Mail c	nly).	
Payment made by Direct Dep	osit, details belo	w.							
Address and Banking Details  Direct Deposit: Bank: GMCU BSB: 803078 Acct: 100091282  Please add your name to the description.	Mail Address:	Kin 22	rmour FM gs Park Co Lesley Stre rmour, 3	•		ail Add	<b>dress:</b> @seymourfr	n.com	.au
Please Sign Here I apply for membership of Seymour FM pursu	uant to Division 1		e Rules of						

Signature

Seymour FM complies with the Privacy Act 1988 for the security, acquisition, and retention of personal data.

## **Membership Category**

		Fee	To Pay
Full Adult	Has the right to vote at General Meetings of the Association.  May participate as a volunteer. May receive mail.	\$30.00	
Family	Has the right to a single vote at General Meetings of the Association. May participate as a volunteer. May receive mail.	\$50.00	
Listener/Subscriber	Passively supports the Association. May receive mail.	\$20.00	
Concession	Full adult membership that holds a Concession card. Card must be verified. May receive mail.	\$15.00	
Youth (formerly Associate)	Is under the age of 15 years. Does not have voting rights, but has rights as deemed by the Association.  May participate as a volunteer. May receive limited mail.	\$15.00	
Community Groups (As an Incorporated Associated)	Passively supports the Association. May receive mail.	\$30.00	
		Total	

Interim Rcpt Number:					
Invoice Number:					
Data Entered://					
Concession Card Type:					
Sighted://					
Comm Grp CAV Check:					
Operator:					
☐ Welcome Pack					
Membership Card					

☐ Program Guide

☐ Sticker

**OFFICE USE ONLY**