

## WAY OUT WEST BROADCASTERS INCORPORATED

PO Box 96, Semaphore SA 5019 Tel/Fax (08) 8449 3007 Web: wowfm.org

ABN: 26 736 102 071

## **APPLICATION FOR MEMBERSHIP**

Suburb:	Name:					
Please Note: If your postal details change please advise the secretary as soon as possible.  Contact Details  Phone: (H)	Address:					
Contact Details  Phone: (H)	Suburb:		Pos	stcode:		
Preferred method of contact: (please supply)  Occupation:		l details change	please advise the secretary as s	soon as possible	<b>)</b> .	
Preferred method of contact: (please supply)  Occupation:	Phone: (H)	_ (W)	(Mob)_			
Date of Birth:	Email:					
How did you get introduced to WOW FM?:	Preferred method of contact: (plea	se supply)				
IN CASE OF EMERGENCY - CONTACT  Name:	Occupation:		Date of Birth:			
Name:	How did you get introduced to W	OW FM?:_				
I/we hereby apply to be accepted as a member of Way Out West Broadcasters Incorporated (WOW FM) and in respect of such application I lodge herewith all charges or fees associated in accordance with the Rules of this Association. If this application is approved, I agree to be bound by the Rules Regulation of this Association and in accordance with the Associations Act, and to pay all charges required. Approval of this application places no obligation on the Board of Management to provide the member with air time.  Fees/charges Payable on and renewable at the end of every financial year (30 <sup>th</sup> June), annual membership fee includes GST.  Institution/Organisation: \$82.50 Individual: \$33.00 Charity/Non Profit Organisation: \$55.00 Concession: \$16.50  Concession Status:			<u> </u>			
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Signature: Date: /		oup Represe	entative):			
OFFICE USE ONLY Date Approved: / /	I/we herby agree to abide by the Consti	tution and ac	there to the Rules and Re	gulations of t	his Association.	
OFFICE USE ONLY Date Approved: / /	Signature:		Dat	e: <u>/</u>	1	
Date Approved: / / Membership No:	OFFICE USE ONLY					
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