



Studios & Office
 U3.20, 'U' Block
 TAFE
 Eureka Street
 Manunda QLD 4870

Postal Address
 PO Box 891
 Manunda QLD 4870

Ph: (07) 4053 6891 Fax: 4053 2085

Email: info@cairnsfm891.org.au
 Website: www.cairnsfm891.org.au
 Facebook: www.facebook.com/cairnsfm891

MEMBERSHIP APPLICATION FORM : 2017-2018

Please tick one box

- Associate Member (no voting rights) - \$25
- Member (full voting rights) - \$35
- On Air Members - \$50
- On Air (Youth/Snr) Members - \$35
- Group members (min of 4 members) - \$35

Payment Options

- Cash
- Bank Transfer : Bendigo Bank
- BSB : 633 000 Acct.No : 125582148

Please quote your name as the reference on your bank transfer

Driver's License No.

Proof of Age Card 18+

Pen/Concession No:

Please note concession price requires proof

Please note all Info with * is required for this application to be valid.

Surname *

Given Names *

Postal Address *

Suburb

State

 Post Code

Email Address

@

Home Phone No. *

Work Phone No.

Mobile No.*

By applying for membership of Cairns Community Broadcasters Inc. (CCBI), you are agreeing to abide by the Code of Practice and the Policies & Procedures of the Association and acknowledge that membership is not an automatic entitlement to on air privileges.

Signature _____ Date _____

Optional Birthday (Day/Month) _____

<u>PRESENTER INFORMATION</u>	
Presenter - Yes/No _____	Trainee Presenter – Yes/No _____
Ethnic Group / Program _____	
Experience _____	

<u>OFFICE USE ONLY</u>
Date Pd: _____
Amt Pd: _____
Rec. No: _____
Date Passed: _____

PLEASE SEE BACK OF FORM

PLEASE NOTE – IF APPLICANT IS UNDER 18YRS THE FOLLOWING IS REQUIRED TO BE FILLED IN AND SIGNED BY A PARENT/GUARDIAN

Parents Full Name

Parent's Address*

Suburb																			
State						Post Code													

Parents Email *

@																			
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Please note - your email will be Cc with any emails the Station sends to your child.

Home Phone No.*

Work Phone No.*

Mobile No. *

Date of Birth of Child _____

Do you give permission for your child to be photographed for use within the Station, including the stations' newsletter, webpage or Facebook Page. **YES/NO Please circle**

Does your child have a medical condition. _____

Doctor's name in case of an emergency _____

Doctors Phone Number _____

Parent/Guardian Signature

_____ Date _____
