

Eurobodalla Access Radio



EAR Inc.
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107.5
102.9

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WORKING TOGETHER FOR OUR COMMUNITY
Since 1981

Application for Membership

Title: _____ **Surname:** _____ **First Name (s):** _____
(Please Print)

Organisation/Business: _____

Contact Name/Manager: _____

Street: _____ **Suburb:** _____ **Postcode:** _____

Home Ph: _____ **Mobile:** _____

Work Ph: _____ **Email:** _____

- I hereby apply to be a member of Eurobodalla Access Radio Inc.
- Upon acceptance of my application I agree to be bound by the Articles of the Association, currently in force and the constitution of the Association.

Signed: _____ **Date:** _____

Type of Membership

Single: \$25 Family Concession: \$40

Business: \$100 Community Organisation: \$50

All categories of membership are entitled to one vote. Membership is from 1st July annually.

I wish to be a volunteer (please tick)

(Please complete the Volunteer/Presenter Application).

Send to the above address or drop the application form into 9 Rose Street, Moruya