Eurobodalla Access Radio



107.5

102.9

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WORKING TOGETHER FOR OUR COMMUNITY Since 1981

Application for Membership

Title:	_Surname:	First Name:	
Organisa	tion / Busine	SS:	
Contact I	Name/ Mana	ger :	
Street:		Suburb:	Postcode:
Home Pl	ı:	Mobile:	
Work Ph		Email:	
• I h	ereby apply to	be a member of Eurob	odalla Access Radio Inc.
of			ree to be bound by the Articles ad the Constitution of the
Signed:			Date:
		<u>Type of Member</u>	<u>ship</u>
Single:	\$35		Family Concession: \$50
Business	: \$100	Cor	nmunity Organisation \$50
All categories of	membership are entitl	ed to one vote. Membership is from 1 st July	y annually.
	(Please of	I wish to be a Volunteers (please tick) omplete the Volunteer/ Presenter Applica ress or drop the application form into 9 Ro	tions) bse Street, Moruya.

Do not make a payment until you receive an Invoice and notification that your Membership application has been accepted