



Darling Downs Broadcasting Society Inc
 PO Box 400 Toowoomba Qld 4350
 Address: 1 Scholefield Street
 Phone: (07) 4638 4171
 Fax: (07) 4632 2716
 Email: ddbfm@bigpond.com
 Website: 102point7fm.com.au
 ABN 43 434 053 244

INDIVIDUAL MEMBERSHIP APPLICATION

1. APPLICANT

SURNAME: GIVEN NAMES:
 ADDRESS: POST CODE:
 TELEPHONE: MOBILE:
 EMAIL ADDRESS:
 OCCUPATION : DATE OF BIRTH: (Optional)

2. Spouse or Partner of Applicant for Family Membership

SURNAME: GIVEN NAMES:
 ADDRESS: POST CODE:
 TELEPHONE: MOBILE:
 EMAIL ADDRESS:
 OCCUPATION: DATE OF BIRTH: (Optional)
 NB For a family membership please include all other names and details of persons under 18years of age on back of form.

I/WE THE APPLICANT/S, HEREBY APPLY FOR MEMBERSHIP OF THE DARLING DOWNS BROADCASTING SOCIETY INC. AND HEREBY AGREE TO BE BOUND BY THE MANAGEMENT COMMITTEE DECISIONS

SIGNATURE (1) DATE
 SIGNATURE (2) DATE
 PROPOSED BY (PRINT) SIGNATURE:
 SECONDED BY (PRINT) SIGNATURE:

I (APPLICANT NUMBER).....AM INTERESTED IN: [] VOLUNTARY DUTIES FOR THE SOCIETY
 [] TRAINING TO BECOME AN ANNOUNCER (\$20 TRAINING FEE APPLIES)

MEMBERSHIP FEES AS AT 1ST JANUARY2015 – (PRICES INCLUDE GST)

SINGLE \$50.00 SINGLE CONCESSION \$30.00
 FAMILY \$60.00 FAMILY CONCESSION \$35.00
 DEFAMATION INSURANCE FOR ALL PRESENTERS \$22.00 (ONCE ONLY)

Please tick the box if a receipt is required

DIRECT DEPOSIT DETAILS
 Darling Downs Broadcasting Association Inc.
 Westpac BSB 034 221
 Account No. 137 436 (REFERENCE NUMBER 1027)

FOR OFFICE USE ONLY

Date application received.....
 RECEIPT NO: Issued for the \$.joining fee
 DATE OF COMMITTEE APPROVAL:
 MEMBERSHIP No # OF APPLICANT:
 MEMBERSHIP No # OF SPOUSE: