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

MEMBERSHIP APPLICATION

1. APPLICANT

SURNAME ..... OTHER NAMES .....

ADDRESS ..... POST CODE .....

TELEPHONE ..... MOBILE .....

OCCUPATION ..... DATE OF BIRTH ..... (Optional)

2. Spouse or Partner of Applicant for Family Membership

SURNAME: ..... OTHER NAMES .....

OCCUPATION ..... DATE OF BIRTH ..... (Optional)

TELEPHONE: ..... MOBILE .....

N.B. For a family membership, please include all other names and details of persons under 18 years of age on the back.

N.B. For community organisations, please use the appropriate form.

I, THE APPLICANT, 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 AM INTERESTED IN: [ ] VOLUNTARY DUTIES FOR THE SOCIETY

[ ] TRAINING TO BECOME AN ANNOUNCER ($20 TRAINING FEE APPLIES)

MEMBERSHIP FEES AS AT 23RD SEPTEMBER 2002

SINGLE $44.00 / SINGLE CONCESSION $26.40 / FAMILY $55.00 / FAMILY CONCESSION $29.70

NEWS HOUR READERS ONLY (LIVE TO AIR) $11.00 I.E. MEMBERSHIP NIL FEE FOR DEFAMATION INSURANCE

DEFAMATION INSURANCE FOR ALL OTHER PRESENTERS $22.00

COMMUNITY ORGANISATIONS $55.00 CORPORATE BODIES $110.00 (ALL INC. GST)

FOR OFFICE USE ONLY

RECEIPT NO: ..... DATE: ..... DATE OF COMMITTEE APPROVAL: .....

MEMBERSHIP # OF APPLICANT: ..... MEMBERSHIP # OF SPOUSE: .....