Southern & Western Community Broadcasters Inc.
Postal address 25 Naldera Street
PO Box 50 Glandore SA 5037
West Richmond
SA 5033
Phone 8371 5887 Fax 8371 5899
Email: info@coastfm.com.au
Web Site: www.coastfm.com.au
ABN: 22 118 837 740

MEMBERSHIP RENEWAL/MEMBERSHIP APPLICATION

Name: _____

Street: _____

Suburb: _____ Post Code: _____

Phone: _____

Email: _____

Birth Date: _____ (Year of birth optional)

Signature of Applicant _____

Signature of Proposer required for new voting members only. (Coast FM Current member)_____

Members who volunteer to perform work for Coast FM may be required to undergo a Police Check
Do you agree to having a police check? _____

Persons applying for Membership should read and will be assumed to have accepted the rules of the station as per the Constitution.
Membership is valid until 30th June, 2009
Membership with ***voting rights*** is subject to Committee of Management approval.

$40-00	Full Membership with ***voting rights***	$_____
$25-00	Concession Membership with ***voting rights***.	$_____
$10-00	Social Membership with no voting rights	$_____
$110-00	Corporate Membership with ***voting rights***	$_____

If you would like to pay your membership in person, office hours are between 9:00am and 4:00pm Monday to Thursday; Friday 9.00am to 2.00pm . Cheque (to Coast FM) Credit Card or Cash will be accepted. The correct change would be appreciated. If you would like to offer your time and skills to Coast FM, the volunteers at the office will welcome you.

Please charge my ☐ Visa ☐ Mastercard Amount $ _____

Card Number ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ Expiry Date ☐☐ ☐☐

Names as shown on Credit Card _____ Signature _____

Thank you for your support.

Office use only:
Date Received: _____
Receipt No _____
Amount: $_____
Received by _____
Date Forwarded to COM: _____
Date Entered on Computer: _____
Date Membership Card Mailed: _____