



Membership / Donation Form

NAME: _____

(PLEASE COMPLETE IN BLOCK LETTERS)

ADDRESS: _____

SUBURB: _____ Postcode: _____

Phone: _____

Email: _____ @ _____

Signature: _____ Date: ____ / ____ / 20 ____

Membership of the Association is covered under Rule 3 in the Association's Rules. Details of Rule 3 are available on the website www.todayscountry94one.com/about.

Type of Membership: Please indicate the type of membership you are seeking:

- Standard Member Annual Fee - \$5.00
- Family Membership Annual Fee - \$10.00
- Presenter Annual Fee - \$40.00
- Donation - Please tick box if you wish to make a donation and indicate below:
Please Circle amount - \$5 \$10 \$40 \$100 Other - \$ ____.

Type of Payment:

- Direct Deposit to: **Account Name – Coast Community Broadcasters Inc. BSB: 032-564**
Account Number: 208436 Please use name and / or membership number as reference
- Cheque Mail to P O Box 1042 Gosford NSW 2250
- Cash Do NOT post – in person only

Membership Number: _____ (Office Use for New Members)

Coast Community Broadcasters Inc.

ABN: 38 034 487 257