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ABN: 68 508 399 541
 ALBANY COMMUNITY RADIO INC T/A
 Great Southern FM

MEMBERSHIP APPLICATION

*Thank you for your interest in our Community Radio
 We Look forward to receiving your support and input*

Business/Organisation							
Business Representative							
Name							
Address							
Phone Work		Phone Home		Phone Mobile			
Email Address							
Date of Birth							
EMERGENCY CONTACT				Phone			

Areas of interest. Previous experience/skills. Please tick all that apply.

ON AIR			OFF AIR					
	interest	skills		interest	skills		interest	skills
Presenter	<input type="checkbox"/>	<input type="checkbox"/>	Office Administration	<input type="checkbox"/>	<input type="checkbox"/>	Sales/Marketing	<input type="checkbox"/>	<input type="checkbox"/>
Specialist Show	<input type="checkbox"/>	<input type="checkbox"/>	Bookkeeping/Accounting	<input type="checkbox"/>	<input type="checkbox"/>	Event Coordination	<input type="checkbox"/>	<input type="checkbox"/>
Voice Overs	<input type="checkbox"/>	<input type="checkbox"/>	Technical	<input type="checkbox"/>	<input type="checkbox"/>	Graphic/Web Design	<input type="checkbox"/>	<input type="checkbox"/>
Reading News	<input type="checkbox"/>	<input type="checkbox"/>	Script Writing	<input type="checkbox"/>	<input type="checkbox"/>	Audio Production	<input type="checkbox"/>	<input type="checkbox"/>
Any other interests/skills								

Availability –		Breakfast (6-9)	Morning (9-12)	Afternoon (12-5)	Evening (5-9)
Mon	<input type="checkbox"/>	Wed	<input type="checkbox"/>	Fri	<input type="checkbox"/>
Tue	<input type="checkbox"/>	Thu	<input type="checkbox"/>	Sat	<input type="checkbox"/>
		Sun	<input type="checkbox"/>		

Annual Membership Entitlements include:

- Voting rights at meetings, for financial member
- GSFM newsletters by email
- Invitation to GSFM social functions

NOTE – Membership does not guarantee an 'on air' program

OPENNESS – ACCOUNTABILITY – INTEGRITY

The information in this form is collected for maintaining the membership register of GSFM, as per the requirements of the Associations Incorporation Act 2015. If your application is successful, your name and contact details will be available for viewing, on request, by any financial member.

As per the Constitution if there is any information you want withheld, please advise the Secretary.

I agree to abide by the Policy & Procedures and Constitution as stipulated by GSFM and the Community Radio Codes of Practice and associated broadcasting Acts when performing duties for/on behalf of GSFM.

I understand that my application will be presented to the next GSFM Board meeting, and if accepted, membership will commence from date of acceptance and fee payment.

Membership fee is payable upon notification of acceptance.

GSFM memberships commence 1st July and expire 30th June.

Applicant's Signature		Date	__ - __ - ____
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Note: Membership does not entitle a member to present a program.

Members wishing to become a presenter must complete a successful audition and training and may be offered a program when a vacancy becomes available.

Nomination by Financial Member

The below section must only be completed by the nominator of this application.

By signing this application, I declare that the applicant is known to me and I support the application.

If the applicant is unable to receive a supporting nomination from a financial member of GSFM, the applicant will be contacted to discuss their application.

Name		Signature		Date	__ - __ - ____
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Membership Fees effective 1/7/23 – Payment to be made upon acceptance of application					
Individual	\$60.00	<input type="checkbox"/>	Non for Profit/Corporate	\$84.00	<input type="checkbox"/>
Concession	\$30.00	<input type="checkbox"/>	Commercial/Business	\$120.00	<input type="checkbox"/>
Family – 2 adults + 2 children under 17	\$84.00	<input type="checkbox"/>	Students	\$6.00	<input type="checkbox"/>
			Associate	No charge	<input type="checkbox"/>
Memberships approved between January 1st and March 31st pay 50% membership fees, or after 1st April pay full membership fees but receive automatic renewal for the following year.					

Office Use Only:

Action	Date	Signature
Endorsed by Board		
Welcome/Rejection Letter Sent		
Payment Received		
Member list updated		

OPENNESS – ACCOUNTABILITY - INTEGRITY