



Illawarra Community FM
 Broadcasters Ltd
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 Wollongong NSW 2500
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 www.voxfm.org.au

APPLICATION FOR MEMBERSHIP RENEWAL*

* All membership renewals are subject to the Boards approval as per the Articles of Association

Type of Membership: Individual Concession Family Corporate/Group

Membership Number:

Name: _____

Postal Address: _____

Email Address: _____

Phone (Home): _____ (Work): _____

Mobile: _____

Family, Group & Corporate Members (please list the name, title & phone number for your 2 nominated representatives):

_____	_____	_____
Name	Home Phone	Work Phone

_____	_____	_____
Name	Home Phone	Work Phone

Please indicate if you are interested in assisting VOX FM in any of the following areas:

- | | |
|--|--|
| <input type="checkbox"/> Station Duty Officer | <input type="checkbox"/> Equipment Maintenance |
| <input type="checkbox"/> Programming Team | <input type="checkbox"/> Technical Repairs |
| <input type="checkbox"/> Fundraising Team | <input type="checkbox"/> Music Library |
| <input type="checkbox"/> Production Team | <input type="checkbox"/> Research Work for Programs |
| <input type="checkbox"/> Sponsorship Team | <input type="checkbox"/> Station Maintenance & Repairs |
| <input type="checkbox"/> Newsletter Team | <input type="checkbox"/> Grounds Maintenance |
| <input type="checkbox"/> Live Location Recording | <input type="checkbox"/> Training Team |
| <input type="checkbox"/> Station Cleaning | |

Members Signature: _____ Date: _____

For Office Use Only

Amount Paid: \$_____ - Cash / Cheque / Money Order Date Paid: _____

Receipt Number: _____ Membership Approved: yes / no Database Updated: yes / no