



101 F.M. – RADIO LOGAN INCOPORATED (4CBL)

APPLICATION FORM TO BECOME A 101 F.M. SUPPORTER/SUBSCRIBER

NAME: Mr / Mrs / Miss / Ms _____

ADDRESS: _____

_____ **Post Code:** _____

TELEPHONE: (a/h) _____ (work) _____

IMPORTANT INFORMATION:

1. 101 F.M. (4CBL) is a Community Broadcaster and as such, provides broadcasts in response to the particular and general needs of the community as determined by that community, while at the same time, recognising an obligation to cater to the needs of those denied effective access to, and those not adequately served by other media.
2. 101 F.M. Subscription is for those who wish to financially support the Station, but do not wish to undertake participation in any aspect of the broadcasting operations.
3. By being a 101 F.M. Subscriber you are entitled to participate in all competitions run by 101 F.M. (4CBL) during on-air programs.

SUBSCRIBER MEMBERSHIP FEE: \$28.50 per annum. (includes GST).

I wish to support Radio Logan Incorporated with its aims and objectives in the community. I hereby tender my cheque / cash / money order for \$ as my Subscription Fee.

Signed:..... **Date:** _____

Please mail to: Radio Logan Inc.- 101 F.M. P.O. Box 2101 LOGAN CITY D.C. 4114
(Phn: 3808 8101)

I would like to have my name acknowledged on air. YES NO

My favorite artist is _____

Birth date: _____

For Office Use Only

Receipt Number: _____

Subscriber Number: _____

Date Received: _____



RADIO LOGAN INCORPORATED 4CBL – 101 F.M.
MEMBERSHIP APPLICATION FORM

Mr/Mrs/Miss

FULL NAME (Please print): _____

ADDRESS: _____

SUBURB: _____ **POST CODE:** _____

OCCUPATION: _____ **DATE OF BIRTH:** _____

TELEPHONE (Home): _____ (Work): _____ (Mobile): _____

EMAIL ADDRESS: _____

PLEASE SUPPLY THE FOLLOWING INFORMATION:

Have you ever been a member of **RADIO LOGAN INC.** or any other Community Radio Organization? **YES NO**
If **YES** – please give brief details below:

Do you have any particular skills / interests / hobbies that we may be able to utilize? If so, please supply details below....

Have you been made aware of the Aims and Objectives of Radio Logan Inc. **YES NO**

Do you wish to become an Active Member? **YES NO** ...If **YES** – in which area?

I have not been convicted of any indictable offence, and I am not an undischarged Bankrupt. **I am willing to undertake a Police check at my cost if requested by the Executive Management of Radio Logan Inc.**

I wish to support **RADIO LOGAN INCORPORATED** with its aims and objectives in the community, and agree to be bound by the Rules, Code of Conduct and by-laws of the Association for the time being in force. **I understand that my participation in Radio Logan Inc. – 101 F.M. is voluntary and non-paid.**

I herewith tender my Cheque / Money Order / Cash, for the amount of \$, and understand that if this application is rejected, my remittance will be refunded in full.

SIGNATURE OF APPLICANT

DATE

AGE (if Junior)

EXISTING MEMBER PROPOSING THIS APPLICATION* : _____

*Proposer, do you know applicant? **YES NO**. For how long? _____ year/s. **INTERVIEW ONLY - YES**

Has the applicant been made aware of the Aims and Objectives of RADIO LOGAN INCORPORATED? **YES NO**

.....
SIGNATURE OF PARENT OR GUARDIAN (Required if applicant is under 18 years of age).

Fees applicable are available from the person issuing this application form and must be paid in full and a receipt number issued at the time the application is made. This Application Form must be complete before the application can be considered for ratification.

Please supply Character References with this application.

CLASS OF MEMBERSHIP APPLIED FOR

(Check for eligibility before completing)

PLEASE NOTE: Persons under the age of eighteen years must have parent or guardian sign application. Seek advice before claiming any class of Membership. You must be eligible for your classification, otherwise this application may be rejected and new application required for correct class of Membership.

(1) Junior Member. (2) Associate Member. (3) Concessional Member.

(Concessional rates available for Pensioners and Students)

Proof of eligibility required.

MEMBERSHIP APPLIED FOR :

Annual Fee \$

Joining Fee \$

Pensioner and/or Student Number: _____

This completed application must be accompanied by payment.
Allow five weeks for processing.

EXISTING MEMBER SECONDING THIS APPLICATION:

Signature: _____ **No:** _____

APPLICANTS REFEREES:

1) _____ PHN: _____

2) _____ PHN: _____

3) _____ PHN: _____

**PLEASE NAME ANY OTHER COMMUNITY / NOT FOR PROFIT ORGANISATIONS
THAT YOU'VE BEEN INVOLVED WITH:**

A BRIEF DESCRIPTION OF RADIO LOGAN INCORPORATED.

Membership (when ratified), enables you to apply for an active role in the Association. It also enables you to vote (when eligible), to enroll in Training Courses, participate in all assigned Station activities and to attend all meetings of the Association. Membership does not confer any rights to use the Station Broadcasting facilities without authorisation of the Management Committee or appointed representatives.

Radio Logan Incorporated provides Training Programs to enable approved participants to engage in on-air presentations Separate application must be made to join an On-Air Training Program. *Application fee is payable in advance (non-refundable).*

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Please mail to Radio Logan Inc. P.O. Box 2101 LOGAN CITY DC 4114
(PH: 3808 8101) Email: admin@101fm.asn.au
OFFICE USE ONLY

DATE OF APPLICATION:/...../..... **RECEIPT No:**.....

MEMBERSHIP NUMBER:

DATE MEMBERSHIP RATIFIED:/...../.....