



Armidale Community Radio Incorporated
Kentucky Street (P.O. Box 707)
ARMIDALE, New South Wales, 2350
PH: (02) 6772 1486

ABN: 30 635 647 271

E-mail: secretary@2arm.net.au

Web: www.2arm.net.au

APPLICATION FOR MEMBERSHIP

I _____
Full Name

of _____
Residential Address

Phone: _____ Mobile: _____

E-Mail Address: _____

wish to apply to be a member of the Armidale Community Radio Incorporated association..

Signature of applicant

If I am accepted as a member, I agree to be bound by the rules of the Association and its Constitution for the membership period

Date: ____ / ____ / 202__

OFFICE USE ONLY

1. Application for membership of Armidale Community Radio by _____ (name) is received by the Committee Secretary. Membership dues are paid Yes/No

Signature of Committee Secretary

Date: ____ / ____ / 202__

2. Application for Membership of Armidale Community Radio for the Financial Year of 202_ was approved by the Management Committee on _____ (date).

Membership Notes: _____

Signature of Committee Secretary

Date: ____ / ____ / 202__

Membership is \$10 per financial year. Please pay to BSB 932000 Acct 100300190 – Armidale Community Radio. Please use your full name in the REFERENCE for the transfer, to identify the member who is making the deposit.