



p 07 5447 2233

f 07 5455 3103

po box 1059

Noosa Heads 4567

[reception@noosacommunityradio.org](mailto:reception@noosacommunityradio.org)

[www.noosacommunityradio.org](http://www.noosacommunityradio.org)

# Membership

Become a member and receive really cool benefits, while still allowing us to continue providing diverse and specialist music, alternative views and news, both local and national and a community forum for local events and information.

**As a member you will receive an opportunity to win loads of prizes on air, plus**

- You must be a member to work, volunteer or train in the station to become an on air presenter.
- Get voting rights at AGM and members meetings.
- Discount on merchandise
- Win tickets to our events, movie tickets, restaurant meal prizes, zoo passes
- Free programme guides and newsletters
- A 101.3FM subscriber card and be notified of discounts at selected retail outlets
- Discounts to our own fantastic 101.3FM events

**Business members**

- Get a discount when booking campaigns & sponsorship spots
- The chance to access dedicated 101.3FM listeners through giveaways and discounts
- The opportunity to be involved in 101.3FM events, radiothons & outside broadcasts.

**Community Organisations**

- No cost to join
- Promote their fundraising events on the Community announcements
- Reciprocal membership benefit available (please enquire)

Age group	
Under 18	
19-29	
30-39	
40-49	
50-59	
60+	

*New memberships are approved at the Management Committee Meetings. If application is not accepted money will be refunded.*

Date \_\_\_\_\_

## Membership Application

NO:

Organisation: \_\_\_\_\_

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ Postcode: \_\_\_\_\_

Phone: (H) \_\_\_\_\_ (M) \_\_\_\_\_

Category	Fee	Rwl	Tick	Category	Fee	Rwl	Tick
<b>ALL HEALTH CARE CARD HOLDERS RECEIVE \$20 DISCOUNT ON THEIR MEMBERSHIP</b>							
Business	\$110	\$90		Single	\$70	\$55	
Family	\$85	\$70		Student	\$55	\$45	
Receptionist	\$30	\$25		Youth (under 25yrs)	\$25	\$20	

Does the member have a Health Care Card Y / N      HCC CARD No. \_\_\_\_\_

Payment Details: Cash/Cheque/Credit Card (Visa/Mastercard/Bankcard) Amount: \$ \_\_\_\_\_

Card No: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_      Exp: \_\_\_\_ / \_\_\_\_      Receipt No \_\_\_\_\_

<b>Office Use Only</b>	
Proposed by: Name _____	Number: _____
Seconded by: Name _____	Number: _____