



Pirie Community Radio Broadcasters Inc

PO Box 887
Port Pirie South Australia 5540
Telephone (08) 8633 2111
Studio (08) 8630 0719
ABN 62 763 780 505 (Registered for GST)
secretary@traxfm.org.au
www.traxfm.org.au

**Membership and Station Worker
Application Form**

Name: _____ Telephone A/H: _____

Mobile Phone: _____

Address: _____

Occupation: _____ Postcode _____

Hobbies: _____

Email Address: _____

Areas of interest, please tick relevant areas:

- | | |
|----------------------------|--------------------------|
| Accounts: _____ | On-Air Presenting: _____ |
| Computers: _____ | News Reading: _____ |
| Clerical: _____ | Interviewing: _____ |
| Library: _____ | Music Programs: _____ |
| Production: _____ | Talk Back: _____ |
| Recording & Dubbing: _____ | Outside |
| Broadcast: _____ | |

Pirie Community Radio Broadcasters Inc	
Wespac Bank	
Bank Details	
BSB	035 071
Account	75 2074

Days available: _____

Times available: _____

Station previously worked at: _____ Length of time: Years: ____ Months: ____

Membership fees are valid for 12 months or part thereof until 30th June each year, upon acceptance of your application.

Membership fees are:

Single: \$40.00

The constitution and station policies are available from the office of Pirie Community Radio Broadcasters Inc.

Volunteer Agreement:

- As a member of Trax FM I will abide with the Association Rules, Policies and Constitution of Pirie Community Radio Broadcasters Inc
- Programmes that I produce will comply with all codes, regulations and legislation relevant to community radio.
- I formally indemnify Pirie Community Radio Broadcasters Inc against all actions, suits, claims, losses and / or damages arising out of and consequential upon anything broadcast or recorded by or on behalf of the applicant.
- Pirie Community Radio Broadcasters Inc reserves the right to censor, edit and amend any programme material I present for broadcast.
- Pirie Community Radio Broadcasters Inc retains ownership and copyright on all material produced for and broadcast by the station.

Applicant's full name:

Signature

Date:

OFFICE USE ONLY	
Date application received:	Date application approved: