



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: ☐

Computers: ☐

Clerical: ☐

Library: ☐

Production: ☐

Recording & Dubbing: ☐

Broadcast: ☐

On-Air Presenting: ☐

News Reading: ☐

Interviewing: ☐

Music Programs: ☐

Talk Back: ☐

Outside ☐

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: \$20.00

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

Volunteer Agreement:

1. As a member of Trax FM I will abide with the Association Rules, Policies and Constitution of Pirie Community Radio Broadcasters Inc
2. Programmes that I produce will comply with all codes, regulations and legislation relevant to community radio.
3. 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.
4. Pirie Community Radio Broadcasters Inc reserves the right to censor, edit and amend any programme material I present for broadcast.
5. 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: _____