



1. MEMBERSHIP-For members only DO NOT complete the subscriber form as well-JUST THIS ONE

This is for people who would like to do more for the station. Becoming a member of Ethnic Broadcasting Association of Qld (EBAQ Ltd) T/A Radio 4EB means:

- You will be able to elect or be elected to the Board of Directors and have a say about running of the Company
- You will be able to become a Radio Programming Group committee member, broadcaster and panel operator of a specific language group.
- You will be able to volunteer and develop your skills in various areas of the station’s operations, including, administration, production and technical.
- You will be able to participate for free in all the training available at the station. Broadcast, panel and governance. Gain the respect and be recognised for your work in the community.
- Add your skills to your CV
- You will also gain the opportunity to develop personally and professionally throughout a broadcasting and/ or leadership role

EXPLORE YOUR OPPORTUNITIES IN RADIO

2. NEW APPLICATION: YES /NO IF YES, PLEASE COMPLETE THE FORM BELOW

3. DETAILS

Title: _____ **Given Name:** _____ **Surname:** _____

Residential Address: _____ **Suburb:** _____ **Postcode:** _____

Home Ph: _____ **Work Ph:** _____ **Mobile:** _____

Fax: _____ **E-Mail:** _____

Date of Birth: ____ / ____ / ____ **Skill/Occupation:** _____

SIGNATURE: _____ **DATE:** __ / __ / __

4. DECLARATION: I hereby apply for membership to EBAQ Ltd. T/A Radio 4EB. This form must be signed by the person applying. I fully support the Company’s aims.

5. FEES:

Concession membership \$30.00 Please provide the concession/Pension or Student ID number if you wish to receive the discounted fees Concession Number: _____

Full membership \$40.00

Organisation membership \$60.00

6. METHOD OF PAYMENT

| | |
|--|------------------------------|
| 4EB’s common renewal date is 1st July every year | |
| Prices include GST. Other payment methods include: Cash, Cheque, Money Order or Electronic Transfer | |
| Please charge my credit card for the amount of: \$30 \$40 \$60 VISA / MASTERCARD | |
| Full Card Number: _____ | Expiry Date: ____ / ____ |
| Name on Card: _____ | Address of Cardholder: _____ |
| Signature of card Holder: _____ | |

PROGRAMME GROUP

You may be an associate of ONLY ONE ethnic group - Please indicate your choice _____
(For groups available, please refer to the subscriber page)