



INDIVIDUAL
MEMBERSHIP
APPLICATION
FORM

Darling Downs Broadcasting Society Inc.
PO Box 400 Toowoomba QLD 4350
Address: 1 Scholefield Street
Phone: 07 7523 4040
Email: office@1027.com.au
Website: 1027.com.au
ABN: 43 434 053 244

APPLICANT:

SURNAME:.....FIRST NAME:.....
ADDRESS:.....POSTCODE:.....
TELEPHONE NO:.....MOBILE:.....
EMAIL ADDRESS:.....
OCCUPATION:.....DATE OF BIRTH (OPTIONAL).....

SPOUSE OR PARTNER:

SURNAME:.....FIRST NAME:.....
ADDRESS:.....POSTCODE:.....
TELEPHONE NO:.....MOBILE:.....
EMAIL ADDRESS:.....
OCCUPATION:.....DATE OF BIRTH (OPTIONAL).....

I/WE, HEREBY APPLY FOR MEMBERSHIP OF THE DARLING DOWNS BROADCASTING SOCIETY INC. AND
AGREE TO BE BOUND BY THE MANAGEMENT COMMITTEE DECISIONS

SIGNATURE (1).....DATE.....

SIGNATURE (1).....DATE.....

PROPOSED BY (PRINT).....SIGNATURE:.....

SECONDED BY (PRINT).....SIGNATURE:.....

☐ INTERESTED IN VOLUNTARY DUTIES FOR THE SOCIETY

DEFAMATION INSURANCE FOR ALL PRESENTERS \$22.00 (ONE PAYMENT ONLY)

MEMBERSHIP FEES AS AT 1ST JANUARY 2015 (PRICES INCLUDE GST)

SINGLE 50.00	CONCESSION \$30.00	FAMILY\$60.00	FAMILY CONCESSION \$35.00
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☐ Please tick if a receipt is required

DIRECT DEPOSIT DETAILS: Darling Downs Broadcasting Society Inc. Westpac BSB 034 221
Account No. 137 436 (REFERENCE: PERSON'S SURNAME)

OFFICE USE ONLY: Date received:.....Receipt No.....Issued for \$.....

Membership No. of Applicant..... Membership No. of Spouse/Partner.....