

## APPLICATION FOR MEMBERSHIP

Please note that for an application to be valid all mandatory fields (*marked with \**) must be completed.

### INFORMATION REQUIRED FOR THE MEMBERS REGISTER

This information will become part of the members register, details of which are available to any member of the Co-operative.

\* Full name: \_\_\_\_\_

\* Address: \_\_\_\_\_

**OR** If you do not want your address to become public you can be contacted through the Co-operative;  
by inserting the station's address above: **11 Fitzgerald Street, Windsor NSW 2756**

### APPLICANT'S INFORMATION

This information is not part of the members register and is **NOT** available to other members unless agreed, in writing, by you.

\* Residential Address: \_\_\_\_\_ Post Code \_\_\_\_\_

\* Postal Address: \_\_\_\_\_ Post Code \_\_\_\_\_

\* Home Phone: \_\_\_\_\_ **OR** Mobile: \_\_\_\_\_

email address: \_\_\_\_\_  
(if available)

\*  I declare that I am over the age of 18 years (*evidence may be requested*)

#### PRIVACY

The Co-operative takes your privacy seriously and will not disclose any information you provide in this form without your written consent except where required by law.

### DECLARATION

I hereby apply for membership of the Hawkesbury Radio Communications Co-operative Society and, in accordance with the rules, lodge the sum of **\$47.50** being: -

- a) A once only fee of \$20.00 for the purchase of 5 shares in the Co-operative;
- b) \$27.50 (GST incl.) the annual membership fee due by each Annual General Meeting.

If this application is approved and the afore-mentioned shares are allotted to me, I agree to pay all charges required and to abide by all rules of the Co-operative and all alterations thereof registered in accordance with the above-named Act.

\* Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Witness/Sponsor (*Must be an active member of the Co-operative*)

\_\_\_\_\_  
\* Name of Witness (*please print*)

\_\_\_\_\_  
\* Signature of Applicant

\_\_\_\_\_  
\* Signature of Witness

#### NOTE: PAYMENT OF THE FEE MUST ACCOMPANY THE APPLICATION

(Upon resignation from the Co-operative shares may be donated to the Co-operative or a refund accepted.)

**WHEN THIS APPLICATION IS RECEIVED YOU WILL BE CONTACTED.**

Office Use Only Date Received: \_\_\_\_\_ Folio reference: \_\_\_\_\_