



SHOALHAVEN COMMUNITY RADIO INC
PO Box 884, NOWRA. 2541. NSW
Phone 0244221193 manager@tripleu.org.au

MEMBERSHIP RENEWAL FORM (Website)

Please download & print this form. Once all questions have been completed, the form can be mailed to the address shown above or faxed to 0244218222.

Your Name _____

Your residential address _____

Postal address (if different from above) _____

Telephone contact numbers, Home _____ Work _____

Email address (if applicable) _____

Category of membership Family/Corporate Individual Pensioner Student

DECLARATION:

I, (your name) _____ hereby apply for renewal of my membership of Shoalhaven Community Radio Inc

Signed _____

Parent or guardian (if under 18 years of age) _____

OFFICIAL USE ONLY

Volunteer hours _____

Penalties _____

AGM _____