



Tribe FM Incorporated
 6 Railway Terrace Willunga SA 5172
 PO Box 810 Willunga SA 5172
 Ph: (08) 8528 9919
 W: www.tribefm.org.au
 E: tribe@tribefm.org.au

Membership Application

I, _____ (full name of applicant)
 of _____ (residential address)
 of _____ (email address)

hereby apply to become a member of Tribe FM incorporated

In the event of my admission as a member I agree to be bound by the rules of the association.

Signature of applicant _____ Date _____

Membership Type (Tick the applicable box)

<input type="checkbox"/> Personal Membership	\$ 48 per annum	* Pro-rata fees are calculated on number of whole calendar months (to July 1) divided by 12
<input type="checkbox"/> Couple Membership	\$ 54 per annum	
<input type="checkbox"/> Family Membership	\$ 60 per annum	
<input type="checkbox"/> Concession	50% of the above category	
<input type="checkbox"/> Corporate Membership	\$ 240 per annum	

Please note: Each membership only carries one vote. Membership can only be given to people aged 18 years or older. Renewal of Membership is conditional the receipt of fees paid, and renewal form at the end of financial year.

Payment by Electronic Funds Transfer is preferred to the following:

Account Name: Tribe FM Inc BSB: 633 000 Account Number: 135 369 627

Please use your last name, initial as the reference. for example, **Smith J**
Membership fees attract no GST.

Please send completed form to secretary@tribefm.org.au or PO Box 810 Willunga SA 5172

Please complete the below information about yourself:

All information provided on this form will be kept confidential and only used in a non-identifying manner, apart from your name and contact details, which will placed on a membership roll.

Gender	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Gender diverse/non-binary	<input type="checkbox"/> Prefer not to say
Do you identify as an Aboriginal or Torres Strait Islander person?	<input type="checkbox"/> Aboriginal	<input type="checkbox"/> Torres Strait Islander	<input type="checkbox"/> Both	<input type="checkbox"/> No
Do you identify as one of the following?	<input type="checkbox"/> Gay/ Lesbian	<input type="checkbox"/> Straight	<input type="checkbox"/> Bisexual	<input type="checkbox"/> Other
What cultural background or ethnicity do you most identify with?			Your Date of Birth:	
.....		/...../.....	

Office Use Only:							
Submitted to Board on: _____		Payment Received			Applicant Notified		
<input type="checkbox"/> Approved	<input type="checkbox"/> Rejected	Date:		Method		Date:	