



Membership and Renewal Application

I, _____ (Print full name)

Address: _____

Email: (print) _____ Mobile/Phone _____

As a member I agree to be bound by the rules of Tribe FM Inc.

Signature of applicant _____ Date _____

Membership Type (Tick the applicable box)

<input type="checkbox"/> New Membership <input type="checkbox"/> Renew Membership		
<input type="checkbox"/> Personal Membership	\$ 60 per annum	* Pro-rata fees are calculated on number of whole calendar months (to July 1) divided by 12
<input type="checkbox"/> Couple /Family Membership	\$ 68 per annum	
<input type="checkbox"/> Concession	\$ 30 per annum	
<input type="checkbox"/> Corporate Membership	\$ 260 per annum	
All concession holders must provide proof (photocopy of concession card attached to Membership Form or full payment required)		Total Amount Paid \$.....

Please note: Each membership only carries one vote. Membership can only be given to people aged 18 years or older.

Payment by Electronic Funds Transfer is preferred

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

Please use your last name then initial as the reference. Eg: **Smith J**

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

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 <input type="checkbox"/> Prefer not to say
Do you identify as one of the following?	LGBTQI		<input type="checkbox"/> Other	<input type="checkbox"/> Prefer not to say
What cultural background or ethnicity do you most identify with?			Your Date of Birth:	
			Month.....Year.....	

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

Please complete the below information about yourself - All information provided on this form will be kept confidential