



ABN: 61 923 055 179
MORETON MEDIA GROUP INC.
 PO BOX 139 REDCLIFFE Q. 4020
 Trading as 99.7 Bridge FM

Office Use:	
Masterfile	
Year File	
Red Book	
Members Card	
Station Computer	

MEMBERSHIP APPLICATION FORM

GIVEN NAME: _____ SURNAME: _____

ADDRESS: _____

SUBURB: _____ POSTCODE _____ D.O.B. _____

TELEPHONE: (Home) _____ (Mobile) _____

EMAIL: _____

PLEASE SELECT FROM THE OPTIONS BELOW FOR **TYPE OF MEMBERSHIP**

New/Renewal \$20 Concession \$15 Family \$40 Youth \$10 Subscriber \$5/5 years

CONSIDER JOINING OUR DYNAMIC VOLUNTEER TEAM: SELECT FROM THE FOLLOWING AND WE'LL BE IN TOUCH!

Reception/Admin Technical Fundraising Programming Announcers Course
 Station Maintenance Sales Social Media Production Events & Event Co-ord

Previous Experience or Special Skills: _____

Days Available: _____ **Times Available:** _____

YES PLEASE! Sign me up for regular newsletters, updates and special offers!

Membership fees are for twelve months and are payable by the 1st July each year. Association Policies & Constitution/Station By-Laws & Policies are available for perusal at Reception. Please read our online Privacy Policy: which can be found at www.997fm.com.au/privacy

VOLUNTEER AGREEMENT:

- As a financial member of Moreton Media Group Inc. I agree to abide by the Association's Policies and Constitution.
- 99.7 Bridge FM retains ownership and copyright of all material produced and broadcast by the station.
- I formally indemnify 99.7 Bridge FM against all actions, suits, claims, losses and/or damage arising out of and consequential upon anything broadcast or recorded by or on behalf of the applicant.
- Moreton Media Group Inc. /99.7 Bridge FM abides by all volunteer codes of practice.



From time to time Moreton Media Group Inc./99.7Bridge FM uses images of volunteers as part of advertising and promotional activities. Please indicate if you agree to have your image (or your family) used for these activities. YES
 NO

SIGNATURE: _____ DATE: _____

OFFICE USE ONLY

DATE RECIEVED _____ RECEIPT No: _____ MEMBERSHIP NO: _____

PAYMENT DETAILS: _____ EFPOS / CASH / CHEQUE / VISA / MASTERCARD

Please charge my credit card   Number..... Exp.CV:

SIGNATURE: _____ DATE: _____