

THE VOICE OF GOULBURN

## **Membership Application Form**

Name:		
Address:		
Suburb:	State:	Post Code:
Postal Address (if different to above):		
Suburb:	State:	Post Code:
Mobile Phone:	Other:	
Email:		
Date Of Birth:		
Employment:		
Do you have any radio experience?	:	
What type of programme are you interested in?:		
How can you as a volunteer assist F	RAMfm?:	
Have you been a member of GCRA b	pefore?: Yes / No	if so, when:

All applications for membership must be approved by the Board of Management.

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