



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 RAMfm?:

.....

Have you been a member of GCRA before?: Yes / No | if so, when:

.....

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