

**Wanneroo Joondalup Regional Broadcasting Association Inc**



**Office** Level 4, Building 18 *ECU Joondalup*  
 100 Joondalup Drive Joondalup WA  
**Postal** PO Box 3292 Joondalup WA 6919  
**Tel** 08 6304 2420  
**Fax** 08 6304 2223  
**E-mail** admin@twincitiesfm.com.au  
**Web** www.twincitiesfm.com.au

<b>Full Member Application Form Part 1</b>
<b>Date Received:</b> _____

Name: \_\_\_\_\_

Address: \_\_\_\_\_ P/Code \_\_\_\_\_

Phone (h): \_\_\_\_\_ (m): \_\_\_\_\_ (b): \_\_\_\_\_

Email: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Ethnicity: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Occupation: \_\_\_\_\_

Previous participation in community groups: \_\_\_\_\_

**Areas of Interest (mark all that apply):**

Off AIR	On AIR
<input type="checkbox"/> Data Entry/Word Processing	<input type="checkbox"/> Announcer
<input type="checkbox"/> Audio Production	<input type="checkbox"/> Specialist show
<input type="checkbox"/> Technician	<input type="checkbox"/> Day shift
<input type="checkbox"/> Producing	<input type="checkbox"/> Night shift
<input type="checkbox"/> Sales/Marketing	<input type="checkbox"/> Sport

**General Availability to participate at Twin Cities FM (mark one or more):**

Monday		Tuesday		Wednesday		Thursday		Friday		Saturday		Sunday	
<input type="checkbox"/> AM	<input type="checkbox"/> PM	<input type="checkbox"/> AM	<input type="checkbox"/> PM	<input type="checkbox"/> AM	<input type="checkbox"/> PM	<input type="checkbox"/> AM	<input type="checkbox"/> PM	<input type="checkbox"/> AM	<input type="checkbox"/> PM	<input type="checkbox"/> AM	<input type="checkbox"/> PM	<input type="checkbox"/> AM	<input type="checkbox"/> PM

**I have previous radio broadcasting experience in the following areas:**

- Announcing     
  News Reading     
  Producing     
  Audio Production  
 Technical/Outside Broadcasting     
  Administration     
  Sales/Marketing

Other: \_\_\_\_\_

**I have the following qualifications / experience that may be of benefit to the operation of Twin Cities FM**  
 (Please attach supporting documentation) \_\_\_\_\_

**How did you hear about volunteering at Twin Cities FM?**

*Newspaper      Volunteer Centre      Radio Announcements      Website      Family/Friends      Other*

**Name of TCFM member nominating you for membership:** \_\_\_\_\_

*Thank you for completing this form! Our Training Officer will be in touch to arrange your attendance at the next Orientation session.*

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## Full Member Application Form Part 2

**Date Attended Orientation:** \_\_\_\_\_

### Full Member Agreement:

I understand and agree to abide by the Policy on Procedures, Rules and Standards as stipulated by WJRBA and the Community Radio Codes of Practice when performing duties for and on behalf of Twin Cities FM, and that to perform on-air or associated duties such as writing, producing, and administrative support on behalf of Twin Cities FM, I must be a full financial member of the WJRBA, which will entitle me to member's rights.

Further, I will uphold the responsibilities and obligations as determined in the WJRBA Constitution (Rules), the WJRBA Policies and Procedures, and associated broadcasting Acts and Codes of Practice.

I understand that my membership is subject to board approval and that the board can refuse my membership without reasons given, in which case my membership fee is refunded to me. The full membership fee is due upon signing this document and must be renewed on the 1<sup>st</sup> July every year thereafter. If I sign up after the 31<sup>st</sup> December of a financial year the 1<sup>st</sup> renewal fee on the following 1<sup>st</sup> July will only be 50% of the full membership fee. After that the full membership fee is due every year thereafter. Junior members aged 12-15 years pay a \$10 membership fee, plus one parent/guardian membership. See Station Policies and Procedures Manual.

I understand that under the constitution of WJRBA, as a full member I have to fulfill a role within the Association.

If I cease to be a member of WJRBA, I cannot claim a refund of membership. I further agree to NOT copy, sell or pass Twin Cities FM intellectual property, including all publications, procedures, policies and other property, without written consent from the WJRBA Board.

I understand that failure to comply with the above may lead to expulsion from the WJRBA.

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Witnessed:** \_\_\_\_\_ **WJRBA Position:** \_\_\_\_\_

#### Office Use Only:

Payment: Cash  Cheque  Online Transfer

Date received: \_\_\_\_\_ Receipt No: \_\_\_\_\_

Received by: \_\_\_\_\_ WJRBA Position: \_\_\_\_\_

Membership details have been entered on database Yes  No

Membership No: \_\_\_\_\_

Access Card No: \_\_\_\_\_

Station Policies & Procedures given Yes  No

Have attended official training course Date ...../...../.....