

Wanneroo Joondalup Regional Broadcasting Association Inc.



Office

Postal

Tel

E-mail

Web

Building 18, Level 4
Edith Cowan University
270 Joondalup Drive
PO Box 3292, Joondalup WA 6027
08 6244 3320
admin@897fm.com.au
www.897fm.com.au

Full Member Application Form Part 1

Date Received: / /20

Name: _____

Address: _____

Post Code: _____

Phone: _____

Mobile: _____

Business/Work: _____

Email: _____

DOB: / /

Emergency
Contact: _____

Phone: _____

Occupation: _____

Areas of Interest (mark all that apply):

Off Air

- Admin Support
- Audio Production
- Technician
- Producing
- Sales/Marketing

On Air

- Announcer
- Specialist Show
- Day Shift
- Night Shift
- Co-host

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

Monday		Tuesday		Wednesday		Thursday		Friday		Saturday		Sunday	
AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	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 89.7fm: (Please attach supporting documentation)

How did you hear about volunteering at 89.7fm?

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

*Thank you for completing this form!
Our Office will be in touch to arrange the next step with you.*

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Full Member Application Form Part 2

Date Attended Orientation: / /20

Full Member Agreement:

I understand and agreed to abide by the policy and procedures, rules and standards as stipulated by WJRBA and the Community Radio Codes of Practice when performing duties for and on behalf of 89.7FM, and that to perform on air or associated duties, such as writing, producing and administrative support on behalf of 89.7FM, 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.

If I cease to be a member of WJRBA, I cannot claim a refund of membership.

I agree to NOT copy sell or pass 89.7FM 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 Board.

Signed: _____ Date: / / 20

Witnessed: _____ WJRBA/89.7FM Position: _____

OFFICE USE ONLY:

Payment: Cash PayPal EFT

Membership Level: Full membership (75) Concession (35) Basic (20)

Date Received: _____ Receipt No: _____

Received by: _____ WJRBA Position: _____

Membership details entered into Database Yes No

Membership No: _____

Access Card Required: Yes No

Station Policies and Procedures provided: Yes No

Has attended official orientation: Yes No