CBAA Membership

Application Form



Type of	Permanent Community Broadcaster Membership				
Membership	Temporary Community Broadcaster Member				
	Aspirant Community Broadcaster Member				
Information	Organisation Name , On air ID (e.g. Z FM)			
	Legal Name				
	Call Sign (e.g. 2XYZ				
	Frequency				
	Phone Ema	1			
	Website				
	ABN				
	Physical addres				
	Postal addres (if different from above	s			
Drimony	Name	Э			
Primary contact	Position				
Contact	Phone				
	Mobile				
Acceptation	Email In comparated by ass		Commany	insited by guarantee	
Association Type	Incorporated by association Co-operative		Company limited by guarantee Other (please specify)		
Charity status	Is your organisation registered as a charity with ACNC?				
Service area	Metropolitan Cultura a litera		Regional Rural		
	Sub-metropolitan Remote		Other (please specify)		
Licence Type	Permanent Community		Temporary Community Broadcasting		
	Broadcasting Licence		Licence		
	Open Narrowcasting Licence		Other (Please specify)		
Code of practice	It is incumbent upon community broadcasting licensees to read the Community				
	Broadcasting Codes of Practice (2008) and comply with the provisions, as required by the Broadcast Services Act (1992). The CBAA regards an application for CBAA				
	membership to be made with the intention of subscribing to these codes.				
Terms &	I have read and agree to the terms and conditions of membership outlined on				
Conditions	the CBAA website and stipulated within this application form				
Declaration	In applying for membership of the CBAA, we declare that the organisation we				
Declaration	represent agrees with the Objects of the CBAA and subscribes to the Community				
		Broadcasting Codes of Practice (2008). Position Name		Ciamatura	Data
Signatures		Nan	16	Signature	Date
Please note two signatures are	President				
required	General Manager				
Please attach a copy of:	 ✓ A list of the station's officeholders and management with contact phone and email ✓ Constitution or Memorandum & Articles of Association ✓ Certificate of Incorporation/ business registration ✓ Audited Financials (most recent financial statements, treasurer's report etc) ✓ I agree to the <u>Terms and Conditions</u> 				
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Please send completed application by email to office@cbaa.org.au or by fax 02 9319 4545.

