

Membership Application Form



Muslim Community Radio

ABN: 28 368 549 869

First Name:

Surname:

Male:

Female:

Address:

Date of Birth:

Occupation:

Home landline No.:

Skills:

Mobile No:

Ethnic Background:

Email:

Australian Citizen: Yes No

Fluent Language/s:

Other languages:

Are you a volunteer? Yes No

Interested in becoming a volunteer? Yes No

I hereby apply to become a member of the Muslim Community Radio incorporated association.

In the event of my admission as a member, I agree to be bound by the Rules/Objectives of the Association for the time being in force.

Signature of applicant

Date: /..... /20.....