



Corner Scott & Haly Street  
Wondai, QLD 4606  
(07) 4169 0700  
[info@crowfm.com.au](mailto:info@crowfm.com.au)  
[www.crowfm.com.au](http://www.crowfm.com.au)

## CROW CLUB MEMBERSHIP FORM

(The information on this page is collected for the purposes of maintaining records of the membership of CROW FM 90.7 only)

I, \_\_\_\_\_  
(Title) (Given Names) (Family Names) (Date of Birth)

Of \_\_\_\_\_  
(Address) (Postcode)

\_\_\_\_\_  
(Mailing address) (Postcode)

\_\_\_\_\_  
(Email address) (Contact Phone Number)

Apply to be admitted as a member of the CROW CLUB and attach cheque/credit card authority/money order in the amount of \$ \_\_\_\_\_ for annual membership

In the category indicated below.

	Subscription	Total
• <b>Individuals</b> (supporter)	<b>\$10.00</b>	
• <b>Family</b> (supporter 2 adults up to 7 children)	<b>\$30.00</b>	
• <b>Volunteer/Staff</b>	<b>\$ no charge</b>	

If accepted as a member of the CROW CLUB, I agree

\*To pay the annual membership fee as determined each year by the Board of Directors.

\*To be bound by the the rules, by-laws and policies of CROW FM.

Signature of Applicant \_\_\_\_\_

OFFICE USE ONLY

Membership Number: \_\_\_\_\_

Date Joined: \_\_\_\_\_



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## CROW CLUB CREDIT CARD AUTHORITY

I \_\_\_\_\_

Wish to become a CROW CLUB MEMBER

Bank \_\_\_\_\_

Card Type \_\_\_\_\_

Card Number \_\_\_\_\_

Exp Date \_\_\_\_\_

CCV Number \_\_\_\_\_

Amount \$ \_\_\_\_\_

Please post this payment form together with membership application form to:

The Treasurer  
CROW FM  
PO BOX 171  
WONDAI, QLD 4606