



3ZZZ Membership Application Form

Cost: \$15.00 per year (Concession Membership \$10.00 for Pensioners and full time students)

Please fill out all details:

Given Name

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Family Name

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Street

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Suburb

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Postcode

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Contact Details

Telephone _____ Mobile _____ Email _____

Date of Birth

Gender Female Male

Pension or Student Concession Card Number _____
Cross out whichever does not apply if claiming concession.

I wish to join the *Latin American and Spanish* Broadcasting Group
I hereby apply for full membership. I will support & abide by the policies & objectives of 3ZZZ.

Signed _____

If this form is not completed correctly with age, pensioner or student card number and signed it will be returned to be completed correctly.

IMPORTANT: Membership is not valid until accepted by 3ZZZ Council meeting

Payment Details (please tick) Cash Cheque Amount _____

Please charge my VISA MASTERCARD

CARD NUMBER

CARDHOLDERS NAME (print) _____

EXPIRY DATE Signature _____

Please return to 3ZZZ, PO Box 1106, Collingwood, 3066
OR 1st Floor, 144 George Street. Fitzroy, 3065. Form may be faxed as well. Fax 9415 1818