PBS 106.7FM

MEMBERSHIP FORM 2019

Member # (if app) _____

First Name: _____ **Date of Birth:** _____/_____/_____

Surname: _____ **Gender: Male** ☐ **Female** ☐ **Other** ☐

Email address: _____Please tick if you do NOT want to receive the PBS eNews: ☐

Work Phone: _____ **Home:**_____ **Mobile:** _____

Address: _____

Suburb: _____ **Postcode:** _____

I would like to take out the following membership to PBS (*tick one*)

☐ **Junior (under 12's) $40**

☐ **Proud $85** ☐ **Proud (concession) $40**

☐ **Passionate $120** ☐ **Patron $195**

☐ **Friend for a Decade $700** ☐ **Friend for Life $1600**

☐ **Performer $120*** ☐ **Business $600*** ☐ **Platinum Business (10 years) $4400***

Favourite Program:

Donation $_____

Donations over $2 are tax deductable

***ON AIR NAME : (**_____**)**

SOUNDS OF STUDIO 5 LIVE COMPILATION: CD ☐ **DIGITAL DOWNLOAD** ☐ **NONE** ☐

I'd like to have my membership payment automatically deducted annually* ☐

My credit card number is:

Expiry Date ..... / ..... **Name on card** .....

Total $..... **All cheques payable to PBS send to PO Box 2917, Fitzroy MDC 3065**