

MEMBERSHIP APPLICATION

NAME	<input type="text"/>		
ADDRESS	<input type="text"/>		
	<input type="text"/>	POSTCODE	<input type="text"/>
OCCUPATION	<input type="text"/>		
PHONE (H)	<input type="text"/>	MOBILE	<input type="text"/>
PHONE (W)	<input type="text"/>	FAX	<input type="text"/>
EMAIL	<input type="text"/>	D.O.B	<input type="text"/>

PLEASE ANSWER THE FOLLOWING QUESTIONS (OPTIONAL) (all information is protected under The 1985 Privacy Act)

Are you an Aboriginal or Torres Strait Islander? Do you have a disability?

Are you from a non-English speaking background?

Where did you find out about OPEN CHANNEL membership?

- 1 I hereby apply to be admitted as a member of OPEN CHANNEL Co-Operative and to be allotted shares therein.
In respect of such application and in accordance with the rules, I offer my payment of fees as follows:

NEW / RENEWAL MEMBERSHIP *

<input type="checkbox"/> \$55 FULL	<input type="checkbox"/> \$44 CONCESSION**
<input type="checkbox"/> \$44 RENEWAL	<input type="checkbox"/> \$33 RENEWAL

* New membership includes a \$10 shares fee that is once-only providing membership is kept up to date. Lapsed members must re-purchase shares on renewal. The \$10 shareholding represents 10x10 shares paid up to the value of 10%, providing the Co-operative with \$90 worth of uncalled capital. This \$90 could be called upon liquidation of the co-operative. The uncalled capital provides the basis upon which OPEN CHANNEL Co-operative Limited can raise finance such as loans.

** Concession available to applicants under 18 years, Centrelink Health Care Card holders, full time students & Pension Card holders.

Proof of concession must be provided with this application i.e. photocopy of concession card / pension card

- 2 I understand that members under 18 years of age are ineligible to vote.
- 3 If this application is approved I agree to be bound by the rules of OPEN CHANNEL Co-Operative and by any alterations thereof registered in accordance with the above mentioned Act.

SIGNATURE OF APPLICANT	<input type="text"/>
GUARDIAN SIGNATURE IF UNDER 18	<input type="text"/>
SIGNATURE OF WITNESS	<input type="text"/>
DATE	<input type="text"/>

METHOD OF PAYMENT

PAYING BY:	<input type="checkbox"/> CASH	<input type="checkbox"/> CHEQUE	<input type="checkbox"/> MONEY ORDER	<input type="checkbox"/> EFTPOS
	<input type="checkbox"/> VISA	<input type="checkbox"/> MASTERCARD	<input type="checkbox"/> BANKCARD	
CREDIT CARD NO	<input type="text"/>			EXPIRY DATE <input type="text"/>
NAME ON CARD	<input type="text"/>			
AMOUNT \$	<input type="text"/>	CARD HOLDER SIGNATURE	<input type="text"/>	

OFFICE USE

100 POINT ID CHECK COMPLETED AND ATTACHED TO THIS FORM	<input type="checkbox"/>	
INVOICE NUMBER	RECEIPT DATE	MEMBERSHIP NUMBER
<input type="text"/>	<input type="text"/>	<input type="text"/>