



AUSTRALIAN NARROWCAST RADIO ASSOCIATION

PO Box 259 Lane Cove NSW 1595

1300 ANRA 00 (1300 2672 00)

[secretary@anra.org.au](mailto:secretary@anra.org.au)

## APPLICATION FOR MEMBERSHIP

I/we hereby apply to become a member of the Australian Narrowcast Radio Association ("the Association") and agree to be bound by the Constitution of the Association and authorise the entry of my/our name/s on the Register of Members.

Dated this ..... day of ..... 20 .....

Licensee Name/s: .....

Business/Station Name (*if applicable*): .....

ABN/ACN (*if applicable*): .....

Address: .....

..... Postcode .....

Telephone: ..... Mobile: .....

Email: .....

I/we certify that I/we hold one or more licences for narrowcasting services, or lease the Narrowcast licences, as shown hereunder:

HPON licences: ..... LPON licences: .....

Other narrowcasting licences: .....

A schedule of fees for Membership are shown on the back of this form. Please contact the Secretary if you would like to discuss.

Signature: .....

Name (*Please print*): .....