



MEMBERSHIP FORM 2017

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 + pet if applicable)

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* Pet*

*ON AIR NAME: (_____)

Favourite Program: _____

Donation \$ _____
Donations over \$2 are tax deductible and they will help us make some upgrades to the station over the next 12 months.

Compilation (CHOOSE ONE): Day Tripper CD | Night Mission CD | Day + Night DOWNLOAD | NONE

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

*using the below credit card details. PBS does not store your CC details; they are processed by a secure online payment gateway .

My credit card number is:

Expiry Date / Name on card

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