# 5MBS Subscriber Form

**Member No. :** _____ **Date:** _____

**Surname:** Mr / Mrs / Ms / Dr _____

**Address:** _____

**Post Code:** _____

**Phone: (Home)** _____ **(Mobile)** _____

May we email you? **Y / N** **Email:** _____

## Membership

| | | Tick |
|---|---|---|
| (Please tick appropriate box) | | |
| **Life**** | $7000 | ☐ |
| **Corporate** | $420 | ☐ |
| **Gold** | $140 | ☐ |
| **Single** | $70 | ☐ |
| **Single (Concession)*** | $50 | ☐ |
| **Joint** (two persons living at same address) | $120 | ☐ |
| **Joint (Concession)*** (two pensioners living at same address) | $80 | ☐ |

| | Tick |
|---|---|
| **New Member** | ☐ |
| **Renewal** | ☐ |
| **Volunteer** | ☐ |
| **Donor only** (Donations over $2 tax deductible) | ☐ |

***Concession / DVA / Health Card Number:** _____

***Note:** Life Membership is available for a once only fee of $7,000 of which $6,000 is tax deductible.*

**Arts/Jazz Diary Subscription** $100 ☐

Did you know that 5MBS is wholly managed and put to air by volunteers?
Are you interested in information regarding volunteering with 5MBS? Yes / No

## Payment details

**Method:** *(circle)* cash / cheque / money order

**Credit card:** (*circle)* Visa / MasterCard / American Express

**Card Number:** / / /

**Expiry Date:** **Security Number:**

**Name on Card:** **Signature:**

| Membership Amount: | Donation: | Total Amount: |
|---|---|---|
| $ | $ | $ |

**5MBS Office Use only**

Receipt No.: _____ Staff Member Name:

Donation Tax Receipt No: _____

**Music Broadcasting Society of South Australia Inc**
**ABN:** 37 506 525 369
**Location**: 4A River Street, Hindmarsh SA. 5007
**Postal Address:** PO Box 57, Hindmarsh, SA, 5007
**Ph**: 08 8346 2324 **Website**: 5mbs.com **Email:** mbs@5mbs.com