



Radio And Electronics Association of Southern Tasmania Inc.

GPO Box 371 Hobart Tasmania 7001
<http://www.reast.asn.au>

MEMBERSHIP APPLICATION FORM

Membership Officer
REAST Inc.
GPO Box 371, Hobart, Tasmania, 7001
Email: reast@reast.asn.au

BSB:	037-001
Account Number:	424461
Account Name:	REAST Account
Description:	Callsign/Name Subs

Please Tick One Box

Family Membership Fee \$40 First Member, \$10 Each Additional

Single Membership Fee: \$40.00

Family Membership Fee \$10

Title:.....Surname:.....Preferred Name:.....Callsign:.....

Telephone No:.....Email:.....

Postal Address:.....

Do you wish to be placed onto the REAST Inc. mailing list? (Only REAST related matters)? YES / NO

Do you wish to receive membership packs and important membership correspondence via Clubroom Pickup? YES / NO

If you select 'Yes' to the above question, membership packs and important correspondence will be delivered to the REAST Clubrooms for pickup by member. It will be the member's responsibility to check for correspondence. Any correspondence not picked up at the end of each calendar year will be discarded.

Selecting 'No' will result in correspondence to be sent via Australia Post, at significant expense to the Association.

I hereby apply for membership of REAST Inc. and agree to abide by the rules and articles of the association.

Signed: Date:

Your application should include payment of the prescribed fee and will be approved and recorded by the REAST Committee and the next committee meeting. You will be notified in writing once approved.

Applications must be nominated by two existing financial members.

Print Name

Nominator (1).....(2).....

Signed (1).....(2).....

Office use Only:

We the undersigned, being Committee Members of REAST Inc. approve the application of the above signed for membership to the association.

Proposer: Office:

Seconder: Office:

Receipt Number: Amount Received: Date.....

Register # Date Entered on Register: