



HF RADIO CLUB INC.
P.O. Box 1656, CHARTERS TOWERS QLD. 4820

ABN: 13 091 830 561

Incorporated in N.S.W. under the Association Incorporation Act. 2009 No. Y 2786930

Web:- <https://hfradioclub.com.au> Email : The Secretary, hfrc.secretary@hfradioclub.com.au Mobile: 0491 349 691

Preferred Selcall Number (4 digits)

1..... OR

2.....(leading and/or ending zeros cannot be used)

MEMBERSHIP APPLICATION FORM

Applicant's Details:

Surname: Given Name: Preferred: Email Address:

Home Phone No. () Mobile:

Postal Address:Postcode: Residential Address:Postcode:

Emergency Contact Name: Land Line :() Mobile: Relationship:

ACMA Approved Brand Radio: Model: Serial No.:

Radio Installed in Vehicle Reg. No.: State Registered: Type of Vehicle: Vehicle Colour

On Road Full Time: YES / NO GPS Fitted: YES / NO ALE Enabled: YES / NO Have you had a radio licence cancelled in the last two years: YES / NO

I would like to become a member of the above Association. In the event of my admission as a member, I agree to be bound by the Association Rules. I agree to having my Selcall Number, Name and mobile phone number on the Club Selcall List and in the Newsletter which are available to all Club members. **Be aware that the Club frequencies can only be used in ACMA approved Radios. (The use of Amateur Radio equipment is not permitted).**

Signature of Applicant/s: Date: / /

Membership Fees:	Joining Fee:	\$ 25	\$
	Annual Membership Fee: 1st February–31 January : (12 months)	\$ 90	\$
	OR		
	Pro-rata Fees apply from: 1st May \$60 1st August \$45 1st November \$90 (15 months)		\$
	Traveller's Package (Optional): \$20/year Includes Phone Calls, SMS calls & GPS Logging	\$ 20	\$
	TOTAL AMOUNT PAID:		\$

Spouse/Partner Surname: Given Name: Preferred: Email Address:

Home Phone No. () Mobile:

Emergency Contact Name: Land Line : () Mobile: Relationship:



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Accepted Methods of Payment

Direct Deposit: CBA Bank: BSB 064-834 Acct No. 1057 6626 Reference Used OR Transaction Receipt

Cheque/Money Order: Made payable to: HF RADIO CLUB INC.

Cash: Person Paid: Total Amount: \$ Date Paid:/...../.....

CREDIT CARD:  

..... Card Expiry Date:/...../..... CVN:

Name on Card: **2% transaction fee for this service**

Office Use Only:

Member No: Selcall No: TIC No: Amount Paid \$..... Date...../...../..... Entered XERO/...../.....

Invoice No: Entered Website Data Base:/...../..... Entered Bulk Email List/...../.....

Type of Membership – Please circle: **ORM** **ASM** **CPM** **LFM** **NCM** ATT Issued:/...../.....

Form Uploaded to Website:/...../.....