



EDGE RADIO SUPPORTER APPLICATION

Are you a: NEW SUPPORTER <input type="checkbox"/> RENEWING SUPPORTER <input type="checkbox"/> Renewing Supporter No.....			
Name:			
Address		Suburb	
State		Postcode	
Tel (Home)		Tel (Work)	
		Mobile	
Email		Occupation	
Gender:	Male <input type="checkbox"/>	Female <input type="checkbox"/>	Date of Birth
SUPPORTER CATEGORY (PLEASE TICK):			
Student/concession		\$20 <input type="checkbox"/>	
Supporter		\$50 <input type="checkbox"/>	
Band/artist Supporter with Sponsorship Campaign		\$175 <input type="checkbox"/>	
PAYMENT DETAILS: Cash <input type="checkbox"/> Cheque <input type="checkbox"/> Money Order <input type="checkbox"/>			
Please make cheques and Money Orders Payable to Edge Radio			
Visa <input type="checkbox"/>	Mastercard <input type="checkbox"/>	CVC <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Card Number	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Name as it appears on card: _____		Expiry Date <input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/>	
DECLARATION			
I, the above named, hereby apply to become a Supporter of Edge Radio.			
Signature _____			
Date <input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/>			
OFFICE USE			
Payment Processed <input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/> Card Sent <input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/> Processed by			