

ETHNIC BROADCASTERS COUNCIL

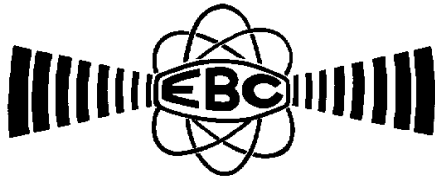
of the A.C.T. and Surrounding Districts Inc.

Canberra Multicultural Service (CMS) Community Radio FM 91.1 MHz

Broadcast Application Form

Name of Applicant(s)	
Address Street Suburb, State, Postcode	
Phone number	
Mobile or Fax	
e-mail	

Supporting Association	
Incorporated	<input type="checkbox"/> No <input type="checkbox"/> Yes, Certificate of Incorporation attached
Address Street Suburb, State, Postcode	
Current President (Name Address Contact Ph-Number)	
Language(s) to Broadcast	
Name(s) of Broadcaster(s)	
Intended start of Broadcast	Date:
Requested Hours of Broadcast	Hours per Week:
Preferred Broadcast Day and Time	<input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday Time:.....(see timetable for empty slots)



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State in your own words the Reasons why your community wishes to Broadcast on FM 91.1
 You may also attach a supporting letter from your association (voluntarily)

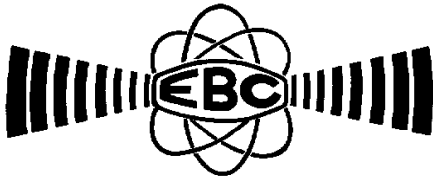
Applicant's Signature:

Date:

Send Application to: CMS Radio P.O. Box 3882 Weston ACT 2611

Official use only

Application received	Date: <input type="checkbox"/> by Mail <input type="checkbox"/> by Fax <input type="checkbox"/> in Person delivered
Executive Meeting	Date: <input type="checkbox"/> Approved <input type="checkbox"/> Not Approved Signature Chair:.....
Applicant informed	Date:..... <input type="checkbox"/> by Mail <input type="checkbox"/> by Fax <input type="checkbox"/> in Person delivered
Notes:	



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Please send the following documents back to our office for processing.

Please return these completed forms to our office for processing

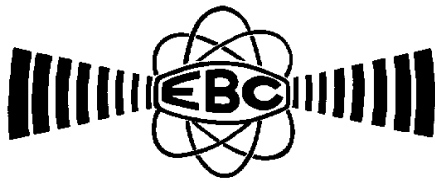
- Broadcasters Application Form (2 Pages)
- Broadcasters Detail (1 Page)

As well as

- A copy of Certificate of Incorporation of your supporting association
- Support Letter from your supporting Organisation

Mail to:
CMS Radio
PO Box 3882
Weston ACT 2611

Email to:
info@cmsradio.org.au



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Broadcast Group:	Broadcast language (s)
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Supporting Association Name: Address: Contact Ph: Fax: President (current):	Incorporated <i>Yes/No</i> Year of Incorporation:..... ABN:..... Registered for GST <i>Yes/No</i>
	For Official use only Copy pf Registration attached <i>Yes/No</i>

Coordinator		Broadcaster 1
Name		
Address		
Suburb, State, Postcode		
Ph Home		
Ph Work		
Mobile		
e-mail		
Date of Birth*		
Training	No.....Cert II./ Cert III.....	No.....Cert II./ Cert III.....

Broadcaster 2		Broadcaster 3
Name		
Address		
Suburb, State, Postcode		
Ph Home		
Ph Work		
Mobile		
e-mail		
Date of Birth*		
Training	No.....Cert II./ Cert III.....	No.....Cert II./ Cert III.....

*DOB required for Youth Broadcasters (under 30 Years)