

NEW MEMBERSHIP / PROGRAM APPLICATION

1. Membership

Which type of membership to Ethnic Broadcasters Inc. (EBI) are you applying for?
(choose one)

Group Membership

You must be an incorporated organisation.
All members of your organisation are covered by your organisation's EBI membership.
You must nominate two delegates.
Your delegates may vote (one vote each) at EBI's general meetings.
Your delegates can be nominated to hold office at EBI.

→ *Continue to 1.a. Group Membership.*

Individual Membership

You do not need to be an incorporated organisation, but your broadcast activities at EBI must still follow the Community Broadcasting Codes of Practice (e.g. not-for-profit).
Each member of your broadcast team must be an individual member of EBI (unless by special arrangement with EBI Management).
You can attend, but cannot vote at EBI's general meetings.
You cannot hold office at EBI (unless as a delegate of another Member Group or co-opted).

→ *Go to 1.b. Individual Membership (page 3).*

1.a. Group Membership

Name of Ethnic Community Language Program/Applicant:

Address: _____

_____ State: _____ Postcode: _____

Language Group: _____ Date of Incorporation: _____

Name of Contact Person: _____

Position Held: _____ Phone: _____

Email (please write very clearly): _____

Is your organisation currently a member of, or affiliated with, any other Community organisation?

No Yes If yes, please specify: _____

How many members does your organisation have at present? _____

How many people (approximately) in your radio audience in South Australia? _____

Consent to identify and advertise your organisation as a member of EBI (choose one):

No Yes, EBI has permission to identify and advertise this organisation.

Please provide the names and contact details of your two group delegates:

Delegate Number 1

Name _____

Address _____

Phone _____ Email _____

Delegate Number 2

Name _____

Address _____

Phone _____ Email _____

Please attach the following documents:

Certified copy of Certificate of Incorporation

Certified copy of Rules or Constitution

Copy of current financials

→ Go to **2. Program Proposal** (page 6).

1.b. Individual Membership

Which type of individual membership are you applying for? (choose one)

- Individual membership with a programme proposal
→ *Continue to 1.b.i. Individual Membership with a Programme Proposal.*
- Individual membership as part of an existing programme / programme proposal
→ *Go to 1.b.ii. Other Individual Membership (page 5).*
- Other individual membership (e.g. staff, CP or other)
→ *Go to 1.b.ii. Other Individual Membership (page 5).*

1.b.i. Individual Member with a Programme Proposal

Name of Applicant:

Address: _____

_____ State: _____ Postcode: _____

Language Group: _____ Phone: _____

Email (please write very clearly): _____

Are you a member of, or affiliated with, any other Community organisation?

- No Yes If yes, please specify: _____

How many people (approximately) in your radio audience in South Australia? _____

Consent to identify and advertise you as a member of EBI (choose one):

- No Yes, EBI has permission to identify and advertise this member.

At present, how many other people will broadcast at 5EBI as part of your program? _____

Please provide the names and contact details of the other individuals currently in your broadcast team:

Broadcaster 1

Name _____

Phone _____ Email _____

Needs to become an individual member of EBI **Yes** **No**

Broadcaster 2

Name _____

Phone _____ Email _____

Needs to become an individual member of EBI **Yes** **No**

Broadcaster 3

Name _____

Phone _____ Email _____

Needs to become an individual member of EBI **Yes** **No**

Broadcaster 4

Name _____

Phone _____ Email _____

Needs to become an individual member of EBI **Yes** **No**

→ *Please attach a separate list if not enough space here.*

→ **NOTE:** *All other individuals in your broadcast team need to be individual members of EBI themselves or part of an existing EBI member group, unless by special arrangement with EBI Management. In any case, they must be listed here and you must notify EBI whenever your broadcast team changes (new broadcaster joining or leaving).*

→ **Go to 2. Program Proposal (page 6).**

1.b.ii. Other Individual Membership

Which best describes your role at EBI? (choose one or several)

- Individual broadcaster as part of an existing programme / programme proposal
- EBI staff
- EBI continuity producer
- Other EBI volunteer role – Specify: _____
- Other – Specify: _____

Name of Applicant:

Address: _____

_____ State: _____ Postcode: _____

Language Group: _____ Phone: _____

Email (please write very clearly): _____

Are you a member of, or affiliated with, any other Community organisation?

No Yes If yes, please specify: _____

→ Go to **3. Nomination for Membership** (page 7).

2. Program Proposal

GROUP			
LANGUAGE			
PROPOSED PROGRAMME TITLE			
PREFERRED LENGTH (see page 7 for weekly fee detail)	_____ hours _____ minutes		
PREFERRED TIME SLOT/S (pending on availability/agreement with EBI)			
PROPOSED CONTENT	Non-religious spoken words _____ %	Religious spoken words _____ %	Music _____ %
DESCRIBE HOW THIS PROPOSAL WILL SUPPORT YOUR COMMUNITY (200 words or less)			

→ Continue to **3. Nomination for Membership.**

3. Nomination for Membership

→ **NOTE:** All new memberships to EBI must be nominated by an existing EBI member.

THIS MEMBERSHIP IS NOMINATED BY

(must be a current EBI member)

Signature _____

4. Fees / Payment

Membership only → Go to **4.b. Membership Fee** (page 8).

Membership + Broadcast fees → Continue to **4.a. Broadcast Fees**.

4.a. Broadcast Fees

BROADCAST FEES (GST excluded)		
1. FEE PER HOUR	NO SPONSORSHIP	WITH SPONSORSHIP (Max 4min.)
Each program's 1 st HOUR	\$8.00	\$13.00
Each program's 2 nd HOUR	\$12.00	\$22.00
Each program's 3 rd HOUR	\$15.00	\$25.00
Each program's 4 th HOUR	\$18.00	\$28.00
FURTHER ADDITIONAL HOUR	\$18.00	\$28.00

EXAMPLES: • 2 weekly programmes of two hours with sponsorship (4 hrs) = \$70.00/week + GST
• 1 weekly programme of one hour with no sponsorship (1 hr) = \$8.00/week + GST

ESTIMATED WEEKLY FEE (BROADCAST ONLY):

\$ _____ + \$ _____ (10% GST) = \$ _____

NOTE: These details and total weekly fee are only indicative for this proposal.
Final details and sum of weekly fee will be confirmed by 5EBI upon approval of this application.

→ Continue to **4.b. Membership Fee**.

4.b. Membership Fee

\$60 Annual Membership to EBI, to be renewed on _____.
(date)

→ *Continue to 4.c Total Fees.*

By special arrangement with Management, this membership fee is

reduced to \$ _____.

OR waived entirely.

- AND -

This special arrangement is valid until _____ ,
(date)

→ After this date, the applicant's annual membership fee will be \$60.

OR This special arrangement is valid until further notice by Management.

THIS SPECIAL ARRANGEMENT IS ENDORSED BY

(must be current Management)

Signature _____

→ *Continue to 4.c Total Fees.*

4.c Total Fees

About Broadcast Fees: <ul style="list-style-type: none">• Paid quarterly (13 weeks + GST)• First quarter must be paid in full prior to broadcast	
Estimated Total <u>FIRST PAYMENT</u> for Broadcast Fees (based on 4.a. Broadcast Fees)	\$
<u>Membership Fee</u> (as per 4.b. Membership Fee)	\$
One-off Locker Fee (\$100, if required)	\$
ESTIMATED TOTAL FIRST PAYMENT:	\$

4.d Mode of Payment

Choose your preferred mode of payment:

Cash Cheque EFT receipt No payment required

5. Other Requirements

5.a New EBI Broadcaster

All broadcasters who are new to 5EBI must undertake the minimum training requirement before first broadcast (unless by special arrangement).

Please select which applies to you:

- I need to complete the following compulsory training:
- 5EBI Station Induction**
 - 5EBI Responsible Broadcasting**

→ **NOTE:** *Both these compulsory training modules are in-person and free of charge. You will be contacted with optional dates/times to attend.*

- I do not need to complete the compulsory training because

(please state reason) _____

5.b Additional Training

Additional training (e.g. professional radio presentation/production skills, operating all equipment, digital pre-recording) is available at an additional, nominal cost and subject to availability.

Find out more at <<https://www.5ebi.com.au/training>>.

Please select which applies to you:

I would like to be contacted about additional training.

I do not need additional training at this point.

6. Final Statement

Please, choose which applies:

Group Membership Application

By signing below, this organisation hereby applies to become a group member of Ethnic Broadcasters Incorporated (EBI) and to be bound by its rules.

Individual Membership Application

By signing below, I hereby apply to become a group member of Ethnic Broadcasters Incorporated (EBI) and to be bound by its rules.

Name of Applicant:

Signature _____

Date: _____

(EBI Administration only)

Application received on _____ by _____	Signature _____
Payment received on _____ by _____	Signature _____
Application Processed/Finalised on _____ by _____	Signature _____