



AUSTRALIAN CITIZEN RADIO MONITORS
South Australia Incorporated.
PO Box 69 SMITHFIELD PLAINS SA 5114

ANNUAL SUBSCRIPTIONS ARE DUE

Fees for the 2017-2018 season were due on the first of July 2017. To remain financial and continue to receive the Communicator, please send the remittance slip and your fees to The Treasurer at the above address.

- FULL MEMBERSHIP: (including the Communicator.) \$14.00
ASSOCIATE MEMBERSHIP: (resides at same address & shares Communicator.) \$7.00
COMMUNICATOR ONLY: (Auxiliary members, Affiliates & Life members.) \$7.00

To avoid confusion read this carefully.

Full = Normal membership, at least one member residing at the same address must be a full member. Cost breakdown membership \$7, Communicator \$7

Associate = Associate to a full member and residing at the same location. Shares the Communicator. Only pays the membership fee, \$7.00.

Communicator only = For auxiliary and Life members who wish to get the communicator. Auxiliary also includes members of affiliated clubs. Gawler/Barossa division comes into this category.

To remain financial, please send your remittance before the end of July. A Grace period of one month is afforded to late payers, which means you will get the Sept issue, with a remittal reminder form attached, if no contact with the committee is made to work out payment options, that person shall be deemed non-financial and the Communicator will discontinue.

--Cut along dotted line-----

If you are exempt from fees (Sponsors, Advertisers etc, or have already paid for the 2017-2018 period, please disregard this notice.

If you are unsure of your financial status, contact the Treasurer on 85226081, or write to The Treasurer ACRM SA Inc. Your Postal Communicator address label also has the expiry date on it. Those who receive the Communicator via email, should contact the Treasurer.

If paying at a meeting, fill in the remittance form and hand it to the Treasurer.

If paying by post, complete the remittance form and, along with your cheque or postal order, return it to the above address. Do not send cash in the post.

Is your postal address correct? If not, use the remittance form to correct it. If insufficient space, please include a separate sheet or use the back of this form.

NAME/NAMES \_\_\_\_\_ ACRM Number/s \_\_\_\_\_

ADDRESS \_\_\_\_\_

STATE \_\_\_\_\_ POST CODE \_\_\_\_\_

AMOUNT ENCLOSED: \$ \_\_\_\_-\_\_\_\_ being for \_\_\_\_ years subscription:

- Checkboxes for FULL, ASSOCIATE, COMMUNICATOR ONLY with 'Please Tick:' label