

MELBOURNE COMMUNITY TELEVISION CONSORTIUM LTD
ACN 104 562 076
ASSOCIATE ORGANISATION APPLICATION FORM

(Name of Applicant)

of _____
(Address of Applicant)

desires to become an Associate Organisation of Melbourne Community Television Consortium Ltd.

In the event of the admission as an Associate Organisation, the Applicant agrees to be bound by the provisions of the company's constitution, the Broadcasting Services Act 1992, and the Community Television Codes of Practice.

Please provide the following information

Primary contact person within the Applicant organisation

Name: _____

Email address: _____

Secondary contact person within the Applicant organisation

Name: _____

Email address: _____

Please attach:

- Documentation to demonstrate that the Applicant is a not-for-profit corporate body.
- A brief description of the Applicant's main activities.

Signed on behalf of the Applicant:

(Signature)

(Date)

(Name)

(Position held)