

Eurobodalla Access Radio Inc.



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107.5

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WORKING TOGETHER FOR OUR COMMUNITY
Since 1981
Presenter Application Form

Name: _____

Address: _____

Home Phone: _____ Work Phone: _____ Mob: _____

Email Address: _____

Age Group: Age (if under 18) _____ 18-30 _____ 30-55 _____ 55+ _____

Occupation/ Former Occupation: _____

Next of Kin Name: _____

Next of Kin Address: _____

Next of Kin Home Phone: _____ Work Phone: _____ Mob: _____

What Type of Program do you wish to present? _____

What genre of music would you like to play and how will you access it? _____

Do you own a computer? _____

What days/times are you available for presenting and training? _____

Do you have prior radio broadcasting experience? _____

(If yes provide details)

Do you have any skills that could assist 2EARFM? _____

Signature: _____

Date: _____

Please forward to: The Secretary
Eurobodalla Access Radio
PO Box 86
Moruya NSW 2537