**WYNFM COMMUNITY RADIO INC**

**PROGRAM PROPOSAL**

NAME:

ADDRESS:

MOBILE: EMAIL:

PROGRAM DESCRIPTION

NAMES OF ANY CO-HOSTS

FORMAT: MUSIC

 COMMUNITY

 TALK

 ETHNIC

 OTHER [Please specify]

PROPOSED PROGRAM TITLE:

PREFERRED TIME: 1. Day Time Duration

 2. Day Time Duration

 3. Day Time Duration

START DATE:

Should this application be successful, I will abide by my obligations and responsibilities as detailed in the Constitution and all WynFM Policies and Procedures.

I understand that if I breach any of the Association Rules, the Committee may suspend me from announcing duties for a set period of time, and that I have a right of reply to any complaints made against me.

SIGNED: DATE:

**OFFICE USE ONLY:**

**Received By: Date:**

**Program authorised by: Date:**

**TRAINING COMMENCED:**

**MEMBERSHIP NO:**