



NOSTALGIA BROADCASTING COOPERATIVE INC.

ON THE AIR | ON THE WEB | ON M T S T V
93.7 FM | CJNU.CA | CHANNEL 725

L7 - One Lombard Place
Winnipeg, MB R3B 0X3
Phone: 204.942.CJNU (2568)
E-mail: info@cjnu.ca

COMMUNITY NON-PROFIT RADIO

Membership Renewal Form

Thank you for your continued membership in Nostalgia Broadcasting Cooperative! Your ongoing support makes a real difference for CJNU. For your renewal to be processed, please complete this form and return it - along with payment - either to our office at the address indicated above, or to our remote studio by leaving it with one of our volunteers.

Last Name: _____ First Name: _____

Address: _____ City: _____

Province /State: _____ Postal Code/Zip Code: _____

Home Ph: _____ Work/Cell Ph: _____

Email: _____ May we contact you from time to time? Y N

We may occasionally contact you to keep you up to date with what's happening at CJNU. We will only do so if we have your permission – as per Canadian Anti-Spam Legislation.

Renewing your membership in CJNU costs only \$25 each year – but we would be incredibly grateful if you would consider making an additional contribution to Nostalgia Radio. We rely largely on the support of our listeners to continue to stay on the air.

My membership renewal is provided herewith:	\$ 25.00
I wish to make an additional contribution, in the amount of:	\$ _____
Total amount:	\$ _____

To be paid, by way of: Cash Cheque Credit Card

If payment is by Credit Card, please complete the following section:

Type of card: Visa MasterCard American Express

Name (as it appears on the credit card): _____

Card number: _____

Expiry date: Month _____ Year _____

(AMEX ONLY) Security code (4 digits on the front of the card): _____

*CJNU is a Community Radio Station, powered by volunteers. Nostalgia Broadcasting Cooperative Inc. is registered in Manitoba as a not-for-profit cooperative, but is **not** a registered charity – meaning we are unable to issue a tax receipt for membership in the co-op or for any donations made.*

OFFICE USE ONLY

Form completed by: _____ Date: _____