

# Kidderminster Hospital Radio Application Form

As Part Of Your Membership It Is Mandatory For All Members To Attend At Least **3** Of Our Fundraising Events And Pay A **£15** Membership Fee A Year Or We Will Be Considering Your Membership.

**THE INFORMATION YOU SUPPLY ON THIS FORM WILL BE TREATED IN CONFIDENCE.**

<b>Last Name:</b>	<input type="text"/>	<b>First Name:</b>	<input type="text"/>
<b>Address:</b>	<input type="text"/>		
	<input type="text"/>		
<b>Postcode:</b>	<input type="text"/>		
<b>Telephone Number:</b>	<input type="text"/>	<b>Mobile Number:</b>	<input type="text"/>
<b>E-Mail Address:</b>	<input type="text"/>		
<b>Age:</b>	<input type="text"/>		

**Which Of The Following Would You Like To Be Involved In:**

<b>Ward Visiting</b>	<input type="checkbox"/>	<b>Technical</b>	<input type="checkbox"/>
<b>Record Library</b>	<input type="checkbox"/>	<b>Secretarial</b>	<input type="checkbox"/>
<b>Broadcasting And Ward Visiting</b>	<input type="checkbox"/>	<b>Station Promotions</b>	<input type="checkbox"/>
<b>Fundraising</b>	<input checked="" type="checkbox"/>		

<b>Signed:</b>	<input type="text"/>	<b>Date:</b>	<input type="text"/>
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## RETURNING THIS FORM



**By Hand Or Post:**

Kidderminster Hospital Radio  
Franchise Street  
Kidderminster  
Worcestershire  
DY10 6RA

**Enquiries:**

Telephone: (01562) 515698

E-Mail: [info@kidderminsterhospitalradio.co.uk](mailto:info@kidderminsterhospitalradio.co.uk)

Web: [www.kidderminsterhospitalradio.co.uk](http://www.kidderminsterhospitalradio.co.uk)