Membership Application

Return To

Barry Howard, Personnel Trustee
Hospital Radio Bedside
Post Point F08
Royal Bournemouth Hospital
Castle Lane
Bournemouth
Dorset
BH7 7DW

You must be 18 or over to apply for any kind of membership

First Name (The name you like to be called)

Last Name

Address

Daytime Tel

Evening Tel

Mobile Tel

Email Address

How did you learn about Hospital Radio Bedside?

Which type of membership are you applying for? Please ✔

Hospital Visitor ☐ **or**

Full Membership ☐ and please say which three areas you are interested in, with 1 being your first choice etc. from

Administration, Engineering, Library, Fundraising, Personnel, Programmes, Presenting, Publicity, Request Collecting
1 2 3

If you have had any previous experience with Hospital Radio, or you have been involved in any community or voluntary activities, please give details.
Name of Organisation

Which activities were you involved in?

Leisure Interests

Please give the names and addresses of two people, not relatives, who have known you for more than two years, and who we may contact as referees.

Name
Address

Email Address

Name
Address

Email Address

If you have a disability or health issue that might affect your activities with us, please give details on the back of this form.

Data Protection Act 1998. I agree that my details may be kept on a computer file if membership is granted.
Signed Date