

SOUTHEND HOSPITAL RADIO

APPLICATION FOR MEMBERSHIP



Full Name (Mrs/Mrs/Ms)

Address:

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Postcode Date of Birth (Min 16 years): / /

Telephone: Email:

Broadcasting hours are 6pm to 10pm Monday to Friday, 10am-5pm Saturday and 10am to 10pm Sunday.

Compulsory duties include fundraising (as the station is self-accounting) and ward liaison.

Full training is given in all areas

A membership fee of £20 per year is charged

Applicants between the age of 16 and 18 years must have parent/guardian approval, and a letter to this effect must be included with this completed application form.

PLEASE COMPLETE AND RETURN THIS FORM TO:

**MRS JOAN GOLD
MEMBERSHIP SECRETARY
SOUTHEND HOSPITAL RADIO
2 BLACKMORE WALK
RAYLEIGH, ESSEX SS6 8YL**

Southend Hospital, Prittlewell Chase, Southend-on-Sea SS0 0RY

Telephone 01702 338181

Website: www.southendhospitalradio.com

Southend & District Hospitals Radio Service – Registered Charity No. 272529

REF: SHR/WEB01