

Do you have any previous experience within the radio environment (Please circle) Yes / No

If yes please give details _____

Further Information

Do you have any disability or illness we should be aware of? (Please Circle) Yes / No

If interested in volunteering when are you regularly available?
(Please Circle)

Weekday mornings	Weekday afternoons	Weekday evenings
Saturday mornings	Saturday afternoons	Saturday evenings
Sunday mornings	Sunday afternoons	Sunday evenings

Others or not regularly available, please specify _____

Declaration

I declare that the information given on this form is correct to the best of my knowledge and that should my application be successful I will agree to:-

Pay the annual Subscription Fee determined each year by the board of directors;

Membership is subject to the company's Memorandum and Articles of Association and associated rules and regulations, details of which are available on request.

I am aware that should my application be successful, membership will only commence upon receipt of the annual membership fee payable to : Friends of HCRFM

Please return to HCRFM - FAO: Nicola Rule, Administration Director nicola.rule@hcrfm.co.uk
01480 457115

Signature _____ Print _____

Date(DD/MM/YYYY) _____

Under 16 please have your parent/guardian sign below

As Parent/Guardian of _____ I agree their Membership of FOHCRFM and to receive communication by both mail, email or telephone.

SIGNED: _____ Print Name _____

My contact details are : email _____

Telephone : _____ Mobile : _____

Official use only

Received _____ Payment _____ By _____

Accept Yes / No. Member No. _____ Type _____