

SOUTHEND HOSPITAL RADIO APPLICATION FOR MEMBERSHIP



Full Name (Mr/Mrs/Ms).....

Address.....

.....

Postcode..... Telephone.....

Occupation..... D.O.B (Min 16 years)...../...../.....

**Broadcasting Hours are: 6.00pm — 10.00pm Monday to Friday
10.00am — 5.00pm Saturday and 10.00am — 10.00pm 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 16-18 years must have parent/guardian approval and a letter to this effect must be enclosed 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, Essex, SSO ORY.

Telephone: **01702 338181**

Email: chairman@southendhospitalradio.com

Website: www.southendhospitalradio.com

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

