

THIS FORM MUST BE COMPLETED BY ALL VOLUNTEERS UPON APPLICATION AND AT EACH ANNUAL GENERAL MEETING THEREAFTER DURING MEMBERSHIP



## APPLICATION FOR MEMBERSHIP

PERSONAL INFORMATION IS FOR STATION RECORDS ONLY & WILL NOT BE PASSED TO ANY OTHER INDIVIDUAL OR ORGANISATION

SURNAME:	FORENAME:
ADDRESS:	
	POSTCODE:
HOME NO:	MOBILE NO:
EMAIL:	
GENDER:	DATE OF BIRTH:

## COMMITMENT

YOUR SIGNATURE ON THIS APPLICATION IS A DECLARATION OF YOUR COMMITMENT TO ARROWESOUND HOSPITAL RADIO IN PROVIDING & MAINTAINING A COMPLETE BROADCASTING SERVICE TO THE PATIENTS & STAFF OF ARROWE PARK HOSPITAL. IN ADDITION TO ON AIR BROADCASTING YOU AGREE TO ALSO PARTICIPATE IN OTHER ACTIVITIES INCLUDING FUND-RAISING, WARD VISITS, ATTENDING TEAM MEETINGS & SETTLING SUBSCRIPTIONS IN A TIMELY MANNER, WHILST PROTECTING THE REPUTATION OF THE STATION & THE HOSPITAL.

SIGNATURE:
PRINT NAME:
DATE:

PLEASE RETURN TO STATION MANAGER, ARROWESOUND HOSPITAL RADIO,  
ARROWE PARK HOSPITAL, UPTON, WIRRAL, CH49 5PE