

FRIENDS OF HOSPITAL RADIO IPSWICH

APPLICATION FORM



YOUR DETAILS:

TITLE: MR, MRS, OTHER:	SURNAME:
FORENAME(S):	
ADDRESS:	
EMAIL ADDRESS:	
TELEPHONE (HOME):	
TELEPHONE (MOBILE):	
DATE OF BIRTH:	

Can you tell us how you found out about Hospital Radio Ipswich:

Would you be interested in becoming a full Hospital Radio Ipswich Volunteer in the future? **YES/NO**

Please complete this form, enclosing your annual membership fee of £10.00 (please make cheques payable to "Hospital Radio Ipswich") and return to:

The Membership Secretary
Hospital Radio Ipswich
c/o Ipswich Hospital
Heath Road
Ipswich
Suffolk IP4 5PD