



Please return to: Secretary Victoria Radio Network Victoria Hospital Post Office Whyteman's Brae Kirkcaldy KY1 2ND



Hospital Radio in Kirkcaldy

Studio Tel: 01592-268530 (not always staffed)

E-mail: contact@vrnkirkcaldy.com

Web: www.vrnkirkcaldy.com

Scottish Registered Charity - Number SC000302

MEMBERSHIP APPLICATION FORM

Important Information

- 1. Please complete the form as fully as possible - you will be invited for a studio visit to discuss your application further. Membership fee if accepted is Waged £30, unwaged: - £20 pro rata. 2. All new members to the Radio Network will undertake a provisional membership period for a minimum of one month, after which membership will be reviewed. 3. In general, a minimum commitment of one hour per week is expected from all members over a 40-week period per year. 4. Terms of the Constitution and Rules of membership apply to all members.

Name \_\_\_\_\_ D.O.B. \_\_\_\_\_

Address \_\_\_\_\_

Postcode \_\_\_\_\_ Telephone No \_\_\_\_\_

Briefly tell us about yourself \_\_\_\_\_ E-mail: \_\_\_\_\_

For official use

Why do you wish to join the Victoria Radio Network? \_\_\_\_\_

For official use

Please use this space to provide any further information to support your application \_\_\_\_\_

The Disability Discrimination Act 1995 defines disability as a physical or mental impairment which has a substantial and long term adverse effect on a person's ability to carry out normal day to day activities.

Do you consider that you have a disability? Yes [ ] No [ ]

If you answered yes, please state the nature of your disability on the back of this form

Special Interest: Programming [ ] Request Collecting [ ] Technical [ ] Fund Raising [ ] Admin [ ]

Please provide the name of two people we can contact for references

Name \_\_\_\_\_ Name \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_

Town & Post Code \_\_\_\_\_ Town & Post Code \_\_\_\_\_

Relationship \_\_\_\_\_ Relationship \_\_\_\_\_

Declaration

I declare that the above information is correct to the best of my knowledge and confirm that I will abide by the Constitution and Rules of Membership.

Signed \_\_\_\_\_ Date \_\_\_\_\_