



APPLICATION FOR MEMBERSHIP

PLEASE RETURN TO :-

NAME

THE MEMBERSHIP SECRETARY
RADIO ROYAL
BRADFORD ROYAL INFIRMARY
DUCKWORTH LANE
BRADFORD
WEST YORKSHIRE

ADDRESS

TELEPHONE NUMBER (HOME)

TELEPHONE NUMBER (HOME)

ACADEMIC AND/OR OTHER RELEVANT QUALIFICATIONS

HOBBIES/INTERESTS AND ANY OTHER RELEVANT PERSONAL INFORMATION

WHAT CAN YOU CONTRIBUTE TO RADIO ROYAL?

DAYS AND TIMES AVAILABLE ON A REGULAR COMMITMENT

DAYS AND TIMES NOT AVAILABLE

REFERENCES (1)

(2)

HAVE YOU WORKED FOR A HOSPITAL RADIO/CHARITY BEFORE?
(PLEASE PROVIDE DETAILS)

SIGNED

DATE

FOR OFFICIAL USE