

Admin use only	Member No.	Paid?
----------------	------------	-------

Bradley Stoke Radio Ltd - Volunteer Membership Form

Details of Primary Member

Full Name	
Address	
Postcode	
Contact Phone Number	
Email	
Date of Birth	Or Over 16 Years Old
Are You Registered Disabled? Yes / No	Male / Female
Ethnic Origin (Optional)	

Listed below are a number of areas where you can get involved. Experience is not required as training will be given. Please circle or tick the subjects you are interested in

Presenting	Interviewing	Researching	Script/Copy Writing	Feature Making
Administration	Producer	Programme Assistant	News Reader	Journalism
Editing	Operating Desk	Scheduling	Marketing/Advertising	Website Design/IT
Finance	Radio Technician	Public Relations	Other (please specify)	

What radio/broadcast experience do you already have? Remember 'none' is okay

.....

Please sign for consent for use of audio/photographs for publication and to give permission for the information to be held electronically for a period of 12 months. If primary member is under 16 years old then this must be signed by a Parent or Guardian

Signed..... Date

Please complete form and return to Bradley Stoke Radio by email to admin@bradleystokeradio.org.uk or post to **Membership Secretary, Bradley Stoke Radio, Brook Way Activity Centre, Brook Way, Bradley Stoke, Bristol, BS32 9DA**

Membership fee is £20 for the primary member with £1 for each additional family member. Concessionary membership is only available on application. Please pay the membership fee by either cheque payable to Bradley Stoke FM or by cash. Your membership will only be processed once the fee has been paid. **PTO**

Admin use only	Member No.	Paid?
----------------	------------	-------

Optional Additional Family Member 1

Full Name	
Email Address	
Date of Birth	Or Over 16 Years Old
Are You Registered Disabled? Yes / No	Male / Female

Optional Additional Family Member 2

Full Name	
Email Address	
Date of Birth	Or Over 16 Years Old
Are You Registered Disabled? Yes / No	Male / Female

Optional Additional Family Member 3

Full Name	
Email Address	
Date of Birth	Or Over 16 Years Old
Are You Registered Disabled? Yes / No	Male / Female

Optional Additional Family Member 4

Full Name	
Email Address	
Date of Birth	Or Over 16 Years Old
Are You Registered Disabled? Yes / No	Male / Female