

# 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**