



# APPLICATION FORM

Please complete in block capitals, sign and return by email or post to the addresses below.

\*You must be at least 18 years old to apply for membership of Radio Clatterbridge.

Full Name \_\_\_\_\_ Date of Birth\*

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Mobile Phone \_\_\_\_\_

e-mail \_\_\_\_\_ Occupation \_\_\_\_\_

**Which areas of the station are you interested in? Please tick**

- Request Collecting
- Studio Assisting
- Presenting
- Other (Please specify)  \_\_\_\_\_

**When are you regularly available to help out? Please tick**

- |                    |                          |                      |                          |                    |                          |
|--------------------|--------------------------|----------------------|--------------------------|--------------------|--------------------------|
| Monday mornings    | <input type="checkbox"/> | Monday afternoons    | <input type="checkbox"/> | Monday evenings    | <input type="checkbox"/> |
| Tuesday mornings   | <input type="checkbox"/> | Tuesday afternoons   | <input type="checkbox"/> | Tuesday evenings   | <input type="checkbox"/> |
| Wednesday mornings | <input type="checkbox"/> | Wednesday afternoons | <input type="checkbox"/> | Wednesday evenings | <input type="checkbox"/> |
| Thursday mornings  | <input type="checkbox"/> | Thursday afternoons  | <input type="checkbox"/> | Thursday evenings  | <input type="checkbox"/> |
| Friday mornings    | <input type="checkbox"/> | Friday afternoons    | <input type="checkbox"/> | Friday evenings    | <input type="checkbox"/> |
| Saturday mornings  | <input type="checkbox"/> | Saturday afternoons  | <input type="checkbox"/> | Saturday evenings  | <input type="checkbox"/> |
| Sunday mornings    | <input type="checkbox"/> | Sunday afternoons    | <input type="checkbox"/> | Sunday evenings    | <input type="checkbox"/> |

**Have you ever been a member of another radio station? Give station names**

\_\_\_\_\_

**What can you offer to Radio Clatterbridge? Use other side of this sheet if needed**

\_\_\_\_\_

\_\_\_\_\_

Signature \_\_\_\_\_ Date

Please return to the Membership Officer at:  
Radio Clatterbridge, Clatterbridge Health Park, Wirral CH63 4JY or  
membership@radioclatterbridge.co.uk

<b>FOR OFFICIAL USE ONLY</b>	Sponsor Member: _____	Review: <input type="text" value="DD"/> <input type="text" value="MM"/> <input type="text" value="YY"/>
Application: ACCEPTED / REFUSED / PENDING	Initials: _____	Date: <input type="text" value="DD"/> <input type="text" value="MM"/> <input type="text" value="YY"/>