



Membership Application Form

Please complete form using BLOCK CAPITALS thank you

Title: _____ Call Sign: _____

Full Name: _____

Address: _____

Town: _____

County: _____ Post Code: _____

Country: _____

Home Tel No. _____

Mobile Tel No. _____

E-Mail Address: _____

Skype Name/No: _____

Works Tel No. _____

Works E-Mail. _____

Nature of Disability:

Please mark 'Y' where applicable.

Blind. ____ Visually Impaired. ____ Disabled. ____ Text Disabled. ____

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Your Preferred means of contact: Please mark 'Y' where applicable.

Home Phone. ____, Mobile. ____, Skype. ____, E-Mail. ____

During hrs of : _____

On the Days of: Sun, Mon, Tue, Wed, Thur, Fri, Sat, Any

IF YOU ARE VI, BLIND or TEXT DISABLED in ANY WAY As a member you are eligible to receive audio recordings of certain Publications and Manuals. These currently include abridged versions of Practical Wireless, RadCom, and Monitoring Monthly. Supplied on MP3 CD's, If you would like to know more about this concession, >>>>> mark 'Y'. ____ we will then contact you on completion of membership registration.

I am applying to:

Tick your choice.

- | | |
|--|-------|
| 1. Be a Full Member (Disabled individual UK) at £7.00 per year | _____ |
| 2. Be an Associate Member (Non Disabled UK) at £10.00 per year | _____ |
| 3. Be an Overseas Member (Disabled Non UK) at £8.50 per year | _____ |
| 4. Be an R.A.I.B.C Supporter at £0.00 per year | _____ |
| 5. Purchase an R.A.I.B.C badge at £1.50 each | _____ |

I enclose a Cheque / Postal Order and/or Standing Order made payable to :-

The 'RAIBC' for the total sum of £ _____

If you have any queries or need help with your application please call the R.A.I.B.C Help Line on :- 08000 141743 Between the hours of 9.00am and 5.00pm Monday – Friday, if there is no answer, please leave a message and a contact number and we will get back to you.

All information given is handled in the strictest confidence in accordance with the Data Protection Act. If you **DO NOT** want your personal details held on the R.A.I.B.C computer Database. >>>> Please place a cross here: _____

SIGNATURE: _____ **Date.** _____

Please return the completed forms to:

The R.A.I.B.C Secretary, 1 Loggans Close, Loggans Hayle, Cornwall, TR27 5BD

STANDING ORDER MANDATE

To: The Manager

_____ Bank Plc

Branch Address: _____

Post Code: _____

Sort Code: _____

Account No: _____

On receipt of this order, pay the sum of: £ _____ (figures)

Print in words: _____ Pounds
now and until further notice given by me the under signed.

Pay this sum annually on the 1st July, commencing on: _____

Membership / Reference number: _____

Make Standing Order Payable to:

Account

Name : The Radio Amateur Invalid and Blind Club.

Account No. : 0069231

Sort Code. : 309666

Bank Address: LLoyds TSB, 44 Bridge St, Pinner, Middlesex, HA5 3JJ

Please amend my current standing order accordingly.

Please Print your name: _____

Signature: _____ Dated: _____