



The charity working for Radio Amateurs with disabilities

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. ____

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

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

During hours 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 Radio User which are supplied on MP3 CDs.

Please send me magazines on CD , > > > > > > > > > mark 'Y'. ____

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 a non voting RAIBC Supporter at £0.00 per year ____
4. Be a RAIBC Supporter with full voting rights at £10.00 per year ____
5. Purchase an RAIBC 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 RAIBC Help Line on :- 0800 0141743 between the hours of 9.00 am and 5.00 pm 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. This information is kept and used only by the RAIBC to establish and maintain your membership and any services provided to you.

SIGNATURE: _____ **Date.** _____

Please return your completed forms to:
**The RAIBC Secretary, 4 Paddocks Close, Pinxton
Nottingham, NG16 6JR. Tel. 01773 783658**

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 undersigned.

Pay this sum annually commencing on: _____

Membership Reference number: _____

Make Standing Order Payable to:

Account

Name : RAIBC

Account No. : 00069231

Sort Code. : 309666

Bank Address: Lloyds TSB, 44 Bridge Street Pinner Middlesex HA5 3JJ

Please amend my current standing order accordingly.

Please print your name: _____

Signature: _____ Dated: _____