

# MEMBERSHIP

Please choose from one of the following membership levels (tick one)

*Membership runs annually from November 1st to October 31st*

Standard Membership (ages 18 to 59 inclusive)	£15	<input type="checkbox"/>
Junior Membership (up to and including 17 years old)*	£5	<input type="checkbox"/>
Individuals on benefit, or those over the age of 60	£5	<input type="checkbox"/>
Administrative/back office only (non presenter)	£0	<input type="checkbox"/>

Enter your details below (in BLOCK CAPITALS)

Mrs	<input type="checkbox"/>	Ms	<input type="checkbox"/>	Miss	<input type="checkbox"/>	Mr	<input type="checkbox"/>	Other	<input type="checkbox"/>	
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First name	<input type="text"/>	Other initial(s)	<input type="text"/>
Surname/family name	<input type="text"/>	Date of birth (dd/mm/yyyy)	<input type="text"/>

House/flat number or name	<input type="text"/>
Street	<input type="text"/>
Post town	<input type="text"/>
County	<input type="text"/>
Post code	<input type="text"/>

Telephone number	<input type="text"/>	Mobile number	<input type="text"/>
Emergency contact name	<input type="text"/>	Emergency contact number	<input type="text"/>
Email address	<input type="text"/>		

Payment method (tick one)

Cash or cheque (payment included)	<input type="checkbox"/>
Standing order/internet banking	<input type="checkbox"/>

Our banking details

**HSBC Bank PLC**  
**High Street**  
**East Grinstead**  
**Sort code: 40-20-09**  
**Account number: 51527835**

Note: when transferring funds to our account, please use your name as a reference.

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## Your agreement and signature

By signing this application, I agree that all the information filled in on this form is true and correct, and that any misrepresentation may cause my application to be rejected, or membership to be terminated.

If you intend to present a radio show, you must not have been convicted under the Wireless Telegraphy Act or Marine Offences Act within the last five years.

I agree that, should any libelous complaint be made against me, I will fully accept responsibility for any legal action and cover the costs involved.

Any damage caused by me to equipment provided by Meridian FM Radio, through neglect or misuse, will be repaired, replaced or reimbursed at my own expense.

\*This form must be signed by a parent or guardian if you are applying for a Junior Membership. That person also agrees consent, on behalf of (you) the applicant, to use any audio/photographs taken of you for broadcast or publication via our website/social networks. If you/they do not wish photographs to be used like this, please tick the box below to opt-out.

Opt-out (tick here)

Signature (sign and print)

Date

Please note: Membership is subject to acceptance by the board. By joining, you are agreeing to abide by Meridian FM Radio's guidelines, procedures and policies. A copy of these will be made available to you.

It is the policy of Meridian FM Radio to provide equal opportunities without regard to race, colour, religion, nationality, gender, sexual orientation, age or disability.

The information collected on this form will be handled in accordance with our data protection policy.

Please return this form in a sealed envelope to:

**The Membership Officer  
Meridian FM Radio  
Jubilee Community Centre  
Charlwoods Road  
East Grinstead  
West Sussex  
RH19 2HL**

A scanned electronic copy of this form sent to [admin@meridianfm.com](mailto:admin@meridianfm.com) is also acceptable.