Hucknall Roll-Royce Amateur Radio Club

Membership form

Full Name:	
Address:	
Town:	
Postcode:	Call sign:
Telephone:	Email:
Family membersh	p (family membership rate applies).
Spouse	
Child 1:	Child 2:
Child 3:	Child 4:
Emergency Conta	ct Details:
•	rson to contact in case an accident occurs whilst you are taking part in ivities. This is in accordance with our policy of "duty of care" to members.
Name:	Relationship:
Telephone:	Mobile:
and the Constitution I further agree, that the good name an expulsion from HR	In yof my guests or family members shall abide by the rules, standing orders on of the Hucknall Rolls-Royce Amateur Radio Club (HRRARC). It any behaviour deemed by a special meeting of the committee, as contrary to differ reputation of Hucknall Rolls-Royce Amateur Radio Club may result in my RARC and forfeiture of any membership fees. In you agree to (HRRARC) holding your data in compliant with GDPR. Date:
For office use only	
Proposed by:	Signed:
Payment received:	Date:
Approved by:	Signed: