

RAIBC

***The Charity Working for Radio Amateurs with Disabilities
Registered Charity No. 802348***



Patron: The Late Lord Rix Kt CBE DL, G2DQU

Thank you for your interest in the RAIBC. There are several ways in which to complete this application form, please select the option you find the most convenient.

- 1 You can print out this form and complete it in the traditional way. Please use a black pen if possible and block capitals. Once you have completed the form you can post it to the Membership Secretary (details on the form), along with your cheque. If you are paying by PayPal or standing order please indicate this on the form.

- 2 This form is also designed to be used on your Laptop or PC. This means you can enter your details using the keyboard. Pressing the "TAB" key moves you from one field to the next, or you may prefer to use your mouse. Where the form asks for a "Tick" simply click in the box with your mouse to tick it or click in the box again to un-tick it. If you are using the "TAB" keys, highlight the box and press the "space bar".

- 3 Once you have completed the form, save it to your computer. You can then either email the form as an attachment, or if you are sending a cheque, print out the form and enclose it with your payment.



Raibc.org.uk

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Membership Application Form

Please complete form using BLOCK CAPITALS thank you

Title: _____ Call Sign: _____

Full Name: _____

Date of Birth: _____

Address: _____

Town: _____

County: _____ Post Code: _____

Country: _____

Home Tel No: _____

Mobile Tel No: _____

E-Mail Address: _____

Nature of Disability: Please tick '✓' where applicable.

Blind: Partially Sighted: Physically Disabled: Text Disabled:

Stroke: Learning Disability: House-Bound: Other:

Please note a Registration Document or a letter from your GP/Consultant, may be required as proof of Disability.

Your Contact Preference: Please tick '✓' where applicable.

Home Phone: Mobile: Letter: E-Mail:

IF you have LOW or NO vision, or are TEXT DISABLED, or have a LEARNING DISABILITY as a member you are eligible to receive audio recordings of our publications and manuals. These currently include

abridged versions of Practical Wireless, RadCom, Radio User and Fists Keynote. These can be sent on a MP3 CD, or can be downloaded from the Members Area of our website.

Please send me magazines on the monthly CD, > > > mark '✓':
I will download the magazines from the website, > > > mark '✓':

TYPE OF APPLICATION: (Tick your choice)

1. Full Member (Disabled individual UK) at £10.00 per year:
2. Supporter Member (Non Disabled UK) at £12.00 per year:
3. Overseas Member (Disabled Non UK) at £14.00 per year:
4. If you are a CLUB, GROUP or SOCIETY and you are willing to support the aims and objectives of the charity your organization can request to join as an affiliated member of the RAIBC at no charge:

I enclose a Cheque/Postal Order: Standing Order: made payable to: RAIBC.

Or, I have made a PayPal payment using **www.raibc.org.uk** for the total sum of £ _____

If you require a Badge(s) please add an extra £ 2.50 per badge (+P&P @75p per item) to the total.

Please send me _____ Badge(s).

If you have any queries or need help with your application please call the Secretary on: **0800 028 8660**

All information given is handled in the strictest confidence in accordance with the Data Protection Act. This information is kept and used only by RAIBC to establish and maintain your membership and any services provided to you. Do you give permission for your details to be published in a membership list? Tick ' YES NO

SIGNATURE: _____ **Date:** _____

**Please return your completed forms to: The Membership Secretary,
33 Swallow Drive, Louth, LN11 0DN**

Telephone 0800 028 8660, Email: memsec@raibc.org.uk

UK MEMBERS: PAY BY STANDING ORDER

FORGET ABOUT YOUR RENEWAL BY USING THIS FORM

How to complete this form:

1. Write in the name and branch of your bank.
2. Give the annual amount in figures and words.
- 3 Give the amount of the first payment.
4. Give your **membership number** as the reference just after ' RAIBC:' **this is the key to the member's ID.**
5. Give the account to be debited: Name, Account number and sort code.
6. Sign and date the form and **send it to your bank.**

POST OR TAKE THIS FORM TO YOUR BANK DO NOT SEND IT TO MEMSEC

Bank _____

Branch _____

Standing Order Mandate

Please Pay	Bank	Branch	Sort Code Number
	TSB	Pinner	30-96-66

For the credit of	Beneficiary's Name		Account Number
	RADIO AMATEUR INVALID & BLIND CLUB		00069231

the sum of	Amount in Figures	Amount in Words
	£	

commencing	Date and amount of first payment		and thereafter	ON THE ANNIVERSARY OF THE DATE SHOWN ON THE LEFT UNTIL FURTHER NOTICE
		£		

Quoting the reference

RAIBC:

 and debit my/our account accordingly

Account to be Debited	Account Number	Sort Code Number

Signature(s) _____

Date _____

Note: The Bank will not undertake to:

1. make any reference to the Value Added Tax or other indeterminate element
2. advise payers address to the beneficiary
3. advise beneficiary of inability to pay
4. request beneficiaries banker to advise payee of receipt