New Membership



Please complete this form and return it to by post or email to: Yael Leveson, RadioCentre, 55 New Oxford Street, London WC1A 1BS / yael@radiocentre.org

Station Name:			
Broadcasting As: FM: AM: Digital:	□ □ □ Multiplex (Di	gital only):	
Group/Company Name:		On-Air Date:	
Address:		Tel No:	
Station Email:		Website:	
Managing Director:		Email:	
Head of Finance:		Email:	
Annual Gross Revenue:	on RadioCentre Mailin	ng List: Please provide name(s) and emain	ail address(es)
Name:		Email:	
notice to RadioCentre. Dur	ing the 6 month n where your subscri	membership you must give 6 otice period you shall contin otion fee is recalculated due t	ue to pay your
We agree to become memb the Articles of Association o		nd as such are bound by the	requirements of
Signed	(Director)	Date:	
Print Name:			
		RadioCentre 6 th Floor, 55 New Oxfo London WC1A 1BS	
		t 020 7010 0600	RACC

w www.radiocentre.org

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