

NORTH WILTS RAYNET
MEMBERS PERSONAL DETAIL FORM

Full Name _____

Callsign/Ray No. _____

Home Address: _____

Post Code: _____

Telephone: _____

FAX: _____

Mobile: _____

E-Mail: _____

Pager: _____

Employer: _____

Telephone: _____

FAX: _____

E-Mail: _____

By submitting this form to the group secretary:

1. I confirm that the details listed above are correct on the date this form was completed.
2. I agree that the details listed above can be held on computer on the understanding that the information is only to be disclosed to other members of the North Wilts RAYNET Group and will not be disclosed to any other parties without my express permission.

1. Please return the completed form to the Group Secretary.
2. Please advise the Group Secretary if any of the above details change.
3. Employer details are required in the event of a callout during working hours.