

PAIN SUPPORT JERSEY MEMBERSHIP FORM

A small charity making a big difference!

MEMBER DETAILS	
Name:	Date of Birth:
Home address:	
Telephone:	Mobile:
Email:	
PAYMENT OPTIONS	
Annual membership fee: £25	
Bank transfer: Pain Support Jersey, 30-94-61, 58666168, Ref: Full name. (Preferred method)	
Cheques: Payable to 'Pain Support Jersey' write your full name on the back. Cash: Place in a named sealed envelope.	
DONATION	
I would like to include a donation along with my annual membership fee. Yes □ Amount £ No □	
PHOTOGRAPHY / OTHER MEDIA	
I give Pain Support Jersey permission to use my image in photos & videos on publications, Yes social media, & the painsupportjersey.com website. No	
DATA PROTECTION	
We collect & manage your information following the Data Protection (Jersey) Law 2018 & our Privacy Policy (found at www.painsupportjersey.com).	
COMMUNICATION PREFERENCES	
I am happy to receive updates about the Charity's events ϑ activities, including fundraising. Yes	
No	
DISCLAIMER	
I join sessions voluntarily & understand that any exercise I do, whether indoors or outdoors, Yes \Box is entirely at my own risk.	
SIGNATURE	
I've read & understood the terms & conditions in the disclaimer & agree to adhere to them.	
Signed: P	rint Name:
Date:	
Please hand to a Committee Member, nost to Pain Support Jersey, Enid Quenault Health & Wellbeing	

Please hand to a Committee Member, post to Pain Support Jersey, Enid Quenault Health & Wellbeing Centre, St Brelade, La Route des Quennevais, JE3 8JW, or email to psjersey15@gmail.com.