

Membership form

Please fill in the following form and return it to **c/o The Pain Management Centre, Overdale Hospital, Westmount Road, St Helier, JE2 3UH** or email it to **PSJersey15@gmail.com**.

Title		Date of Birth	
Name			
Address			
Postcode			
Landline			
Mobile			
Email			

How did you hear about us?

Local media	<input type="checkbox"/>	Jersey Pain Centre	<input type="checkbox"/>	Website	<input type="checkbox"/>
GP	<input type="checkbox"/>	Friend or family	<input type="checkbox"/>	Facebook	<input type="checkbox"/>

Signed.....

Date.....

By filling in this form, I hereby agree to my personal details being stored on computer.
All Cheques payable to **'Pain Support Jersey'** for the sum of **£25**

DISCLAIMER: I attend meetings by choice and I accept that any exercise taken by me is entirely at my own risk whether on premises or during outdoor exercise sessions

SIGNED.....DATE:.....