

Pain Support Jersey



Membership Form

Please complete and send to:

Pain Support Jersey c/o The Pain Management Centre, Overdale Hospital,
Westmount Road, St Helier, JE2 3UH

Or email to: PSJersey15@gmail.com

Title _____ Date of Birth _____

Name _____

Address _____

_____ Postcode _____

Telephone _____ Mobile _____

Email _____

Signed.....Date.....

I hereby agree to my personal details being stored on computer.

Cheques payable to 'Pain Support Jersey' for the sum of £25

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

Signed.....Date.....