

Pain Support Jersey

Membership Form



Please complete and send to:

Pain Support Jersey, c/o 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..... Dated.....

I hereby agree to my personal details being stored for PSJ Committee use only

The annual membership subscription in the sum of £25.00 is to be paid either by BACS payment to Lloyds Bank International, Sort code 30-94-61 / Account No. 58666168 or by cheque to 'Pain Support Jersey'

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

Signed..... Dated.....