PAIN SUPPORT JERSEY

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MEMBERSHIP FORM

MEMBER DETAILS	
Name:	Date of Birth:
Home address:	
Telephone:	Mobile:
Email:	

PAYMENT OPTIONS
£25 per year (April to March). £12.50 if joining between October and March.
☐ Bank transfer **(Preferred method)** - Pain Support Jersey, 30-94-61, 58666168, Ref: Full name.
☐ Cheque - Payable to 'Pain Support Jersey' (please write your full name on the back.)
☐ Cash - Place in a named, sealed envelope and hand to a committee member.

DONATION	
I would like to include a donation along with my annual membership fee. Amount £	Yes ☐ No ☐

DATA PROTECTION
We collect and manage your information following the Data Protection (Jersey) Law 2018 and our Privacy Policy (found at www.painsupportjersey.com).

COMMUNICATION PREFERENCES	
I am happy to receive updates about the Charity's events, activities and fundraising.	Yes ☐ No ☐

DISCLAIMER	
I join sessions voluntarily and understand that any exercise I do is my own responsibility.	Yes ☐

SIGNATURE	
I've read and understood the disclaimer.	
Signed:	Print Name:
Date:	

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