

PAIN SUPPORT JERSEY MEMBERSHIP FORM

MEMBER DETAILS	
Name:	Date of Birth:
Home address:	
Telephone:	Mobile:
Email:	
MEMBERSHIP PAYMENT	
If you join between now and 31 March, the fee is £12.50, which covers you until 31 March 2026.	
<input type="checkbox"/> Bank transfer (Preferred method) - Pain Support Jersey, 30-94-61, 58666168, Ref: Full name. <input type="checkbox"/> Cheque - Payable to 'Pain Support Jersey' (please write your full name on the back.) <input type="checkbox"/> Cash - Place in a named, sealed envelope & hand to a committee member.	
DONATION	
I would like to include a donation along with my annual membership fee.	Amount £ <input type="checkbox"/> Yes <input type="checkbox"/> 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, activities & fundraising.	<input type="checkbox"/> Yes <input type="checkbox"/> No
HOW DID YOU HEAR ABOUT PAIN SUPPORT JERSEY?	
Please tick all that apply:	<input type="checkbox"/> Poster or leaflet <input type="checkbox"/> Community event or talk <input type="checkbox"/> Local media <input type="checkbox"/> Other:
<input type="checkbox"/> Health professional or Pain Service <input type="checkbox"/> Friend, family or PSJ member <input type="checkbox"/> Online (website, social media or email)	
DISCLAIMER	
I join sessions voluntarily & understand that any exercise I do is entirely at my own risk.	<input type="checkbox"/> Yes
SIGNATURE	
I've read & understood the terms & conditions in the disclaimer & agree to adhere to them.	
Signed:	Print Name:
Date:	

Please hand to a committee member, post to Pain Support Jersey, Enid Quenault Health & Wellbeing Centre, La Route des Quennevais, St Brelade, JE3 8JW, or email to psjersey15@gmail.com.
 This form is valid until 31 March 2026. From 1 April, please use the updated membership form.