

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

MEMBERSHIP PAYMENT
If you join between 1 April and 30 September, the fee is £30 and your membership runs until 31 March 2027.
<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 and hand to a committee member.

DONATION
I would like to include a donation with my membership fee. <input type="checkbox"/> Yes <input type="checkbox"/> No Amount £

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. <input type="checkbox"/> Yes <input type="checkbox"/> No

HOW DID YOU HEAR ABOUT PAIN SUPPORT JERSEY?	
Please tick all that apply:	
<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)	<input type="checkbox"/> Poster or leaflet <input type="checkbox"/> Community event or talk <input type="checkbox"/> Local media <input type="checkbox"/> Other:

DISCLAIMER
I join sessions voluntarily and understand that any exercise I do is entirely at my own risk. <input type="checkbox"/> Yes

SIGNATURE	
I've read and understood the terms and conditions in the disclaimer and agree to adhere to them.	
Signed:	Print Name:
Date:	