

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

PAYMENT OPTIONS
Annual membership fee: £25
Bank transfer: Pain Support Jersey, 30-94-61, 58666168, Ref: Full name. (Preferred method)
Cheques: Payable to 'Pain Support Jersey' write your full name on the back.
Cash: Place in a named sealed envelope.

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

PHOTOGRAPHY / OTHER MEDIA	
I give Pain Support Jersey permission to use my image in photos & videos on publications, social media, & the painsupportjersey.com website.	Yes <input type="checkbox"/>
	No <input type="checkbox"/>

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, including fundraising.	Yes <input type="checkbox"/>
	No <input type="checkbox"/>

DISCLAIMER	
I join sessions voluntarily & understand that any exercise I do, whether indoors or outdoors, is entirely at my own risk.	Yes <input type="checkbox"/>

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