

Poole Heart Support Group - Application for Membership

PLEASE SEND THE COMPLETED FORM, WITH YOUR CHEQUE, TO:-

PHSG Office, Poole Community Health Centre, Shaftesbury Road, Poole, Dorset, BH15 2NT

Telephone: 01202 683363

Full Name (Mr/Mrs/Miss/Ms) (Please print) _____

Address _____

Post Code _____ Telephone _____

E-mail address (if any) _____

Partner Name (Mr/Mrs/Miss/Ms) (Please print) _____

Partner address if different _____

Partner Post Code _____ Telephone _____

I wish to become a member of Poole Heart Support Group and enclose my first subscription of £8 (if joining between 1st June and 31st December) or £4 (if joining between 1st January and 31st May).

I understand that future annual subscriptions will be due on 1st June.

Membership subscription	_____	
Donation	_____	
Walking group (£3)	_____	(includes 2012 walking book)
Total	_____	

Signature _____

Please make cheques payable to PHSG, we cannot accept standing orders.
Please do not send cash in the envelope!

Office use only MN _____ TR _____ DB _____ Partner NM _____