

Poole Heart Support Group – Application for Membership

PLEASE SEND THE COMPLETED FORM, WITH PAYMENT, TO:-

Membership, PHSG Temporary Office, 88 Puddletown Crescent, Poole BH17 8AN

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

Preferred first name (Jim, Jo, Dave etc) _____

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 January and 30th June) or £4 (if joining between 1st July and 31st December).

Or by Direct Banking to :

Account Name : Poole Heart Support Group,
Sort code 30-96-73,
Account: 03004258
Reference : Your SURNAME

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

Membership subscription _____

Donation _____

Total _____

Signature _____

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

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