## **MEMBERSHIP** APPLICATION FORM

Please complete your application in BLOCK CAPITALS where applicable.

YOU MUST BE A RESIDENT OF GREAT BRITAIN AND BE 16 YEARS OF AGE OR OVER TO PLAY.

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	):
Surname:	
Address:	
	Date of birth/
ostcode:	
iel No:	
Email:	
I confirm that I am over 16 ye	ears of age and a British resident 🗆

Please pay Cornwall Hospice Care Lottery Ltd Direct Debits from the account detailed in this instruction subject to the safeguards assured by the Direct Debit Guarantee. I understand that this instruction may remain with Cornwall Hospice Care Lottery Ltd and, if so, details will be passed

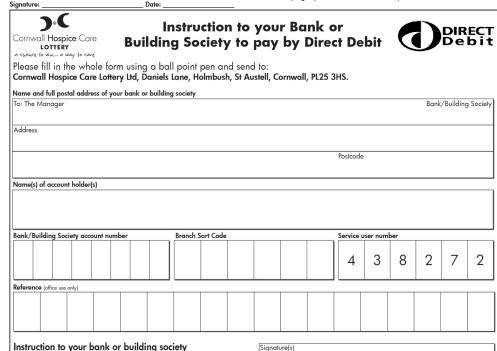
electronically to my bank/building society.

## YES I want to play:

Please complete and tick the appropriate boxes.						
	1 entry per week	2 entries per week	Total £			
Monthly	£4.34	£8.68				
Quarterly	£13 (13 weeks)	£26 (13 weeks)				
Half Yearly	£26 (26 weeks)	£52 (26 weeks)				
Yearly	£52	£104				
Please select your preferred method of payment.						
Payment by Direct Debit: Please tick box Please complete the Direct Debit form below. Direct Debit is our preferred method of payment as it keeps our administration costs to a minimum.						
Payment by Credit/Debit Card: Please phone the office on 01726 66868						
Please tick box Please make cheques payable to: Cornwall Hospice Care Lottery Ltd (minimum £13 for 13 wooks)						
Send us your application:						

Please complete this application and return to Cornwall Hospice Care Lottery Ltd, Daniels Lane, Holmbush, St Austell, Cornwall, PL25 3HS.

Alternatively sign up online @www.cornwallhospicecare.co.uk



Data Protection: Your details as above will be entered onto our database for the purpose of operating the lottery. Cornwall Hospice Care will not pass your details onto any third parties (in compliance with the Data Protection Act 1998). We would like to keep you up to date with hospice news and fundraising activities, in addition to our lottery. If you prefer not to receive this information, please tick here:

Date