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. **16+**

New Member's Details:

Delete as appropriate

Name (Mr/Mrs/Miss/Ms): _____

Surname: _____

Address: _____

_____ Date of birth ____/____/____

Postcode: _____

Tel No: _____

Email: _____

I confirm that I am over 16 years of age and a British resident ☐

Signature: _____ Date: _____

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 tick box ☐
Please phone the office on 01726 66868

Payment by Cheque: Please tick box ☐
Please make cheques payable to:
Cornwall Hospice Care Lottery Ltd (minimum £13 for 13 weeks)

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

Instruction to your Bank or Building Society to pay by Direct Debit

Cornwall Hospice Care LOTTERY
a chance to win... a way to care

DIRECT Debit

Please fill in the whole form using a ball point pen and send to:
Cornwall Hospice Care Lottery Ltd, Daniels Lane, Holmbush, St Austell, Cornwall, PL25 3HS.

Name and full postal address of your bank or building society

To: The Manager | Bank/Building Society

Address

Postcode

Name(s) of account holder(s)

Bank/Building Society account number	Branch Sort Code	Service user number
		4 3 8 2 7 2

Reference (office use only)

Instruction to your bank or building society

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.

Signature(s)

Date