



APPLICATION TO JOIN THE DIABETES JERSEY 600 CLUB

Title.....Forename(s).....Surname.....

Age.....Address.....

Postcode.....Email:.....

Telephone.....

I wish to purchase.....ticket(s) at £20 each and enclose a cheque payable to 'Diabetes Jersey' or Cash in the amount of £.....

If available, I would prefer ticket number(s).....

Confirmation of Terms and Conditions

I agree to the terms and conditions and by declaring my age and signing below, confirm that I am aged 18 years or over. I also confirm that any gift of a ticket that I make, will be to an individual aged 18 years or over. (Required by the Jersey Gambling Commission).

Signed.....Date.....

Please tick the appropriate box(s)

I would like to be contacted in due course to renew my membership of the 600 Club

I do not wish to be contacted in regard to renewing my membership of the 600 Club

I would like to receive a copy of the charity's Newsletter by Email or

Post as and when published.

Please return the completed form and payment to: Diabetes Jersey, 7 Amitie Court, La Rue A Don, Grouville JE3 9DB