**500 CLUB REGISTRATION FORM**

Membership number *(Fundraising Team Complete)*

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| Name: |
| Address: |
| Email Address: |
| Contact Number: |
| Bank Account Details: *(Where prize winnings will be paid*)  Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  |  |   Sort Code: Account Number:   |  |  |  | | --- | --- | --- | |  |  |  | |
| I understand that I am committing to a minimum of 12 months from the date of this agreement and I agree to pay a monthly fee / one off fee to participate. Payments need to be received by the 2nd of every month, the only exception is when this date falls at a weekend, when it will be the next working day. **Therefore, standing orders should be set up for the 1st of every month.** If payment has not been received by this date, I understand that I will not be entered into the monthly draw which will take place on the following 2nd Friday of every month. I agree to my personal data being stored in to identify my membership and where my winnings will be paid into. If I am a winner, I agree to my number being shared with the members of the Carers Link Lancashire 500 Club. I agree that if I wish to cancel this order, I will give at least one months notice and will inform the Carers Link Lancashire Fundraising Team of this decision.  Signature: Date: |
| ***Fundraising Team*** |
| *Date Registered:*  *Date commenced draw:*  *Commitment Made Until*  *Carers ID:*  *Fundraising Member Signature:*  *Staff Member or Volunteer:* |

Please return this form to our fundraising team [fundraising@carerslinklancashire.co.uk](mailto:fundraising@carerslinklancashire.co.uk) 54-56 Blackburn Road, Accrington, BB5 1LE. Thank you for your support and good luck