



Charity No 1001132

## New Member

Date :.....

**(Please use one form per member)**

The annual fee is **£5.00 per member**.

Please sign this form and return with your cheque/ postal order in a sealed stamped envelope.  
(Cheque / Postal order to be made out to HeartCare C.S.G)

PLEASE SEND THE COMPLETED FORM - DO NOT CUT to

Membership Secretary, 9 Woodland Avenue, Worlingham, Beccles, Suffolk, NR347EF

Regards *Colin*

Please use **BLOCK CAPITALS**

Name.....

Address.....

.....

..... Post Code:..... Tel: .....

D.O.B..... E-mail address: .....

Have you had a Heart Attack YES  NO

**Remember to notify us if your circumstances change.**

Please indicate if you are able to help us with our fund-raising

P.T.O

# Personal Fair Data Collection Notice For Heartcare C S G

Certain Information About you will be collected

Who we share your information with

Your personal information will only be disclosed  
To Heartcare C S G

Your contact preferences

Please indicate by ticking boxes below which of the following methods you **agree to** receive information from Heartcare

Email

SMS

Postal/for Magazines

Telephone

I agree that the above details can be entered on to HeartCare's mailing list database.

Signature.....

Date: ...../...../.....

(Your signature is needed to comply with the Data Protection Act.  
If you do not sign you will not receive "HeartCare C.S.G News letter")

Remember to notify us if your circumstances change