

NSC Prize Draw Club New Members Form

HOW TO JOIN THE PRIZE DRAW CLUB

Please complete the details required below and return this form to:

North Staffs Carers, Carers Centre, 1 Duke Street, Fenton, Stoke on Trent, Staffs ST4 3NR

Title: _____ First Name : _____ Surname: _____

Address: _____

Postcode : _____

Tel No: _____ D.O.B: _____

I prefer to pay by (please tick):

Standing Order
(Please complete below)

Cheque (Please enclose and make payable to
North Staffs Carers Association - Prize Draw Club)

How many chances do you want?

To enter the cost is £1 per chance per month, payable annually
(i.e. £12 per year for 1 number)

1

2

3

4

5

6

7

8

9

10

For example, if you circle number 5, this will cost you £60 annually (£5.00 per month)
and will give you 5 unique lottery numbers which will be sent to you after receipt of
your application form and when payment starts.

The winning number will appear on our website. No need to claim. For Data Protection purposes, we do not list name and full address details. Any information you share with us will be kept safe and secure and processed in line with our privacy policy. This can be seen on our website www.carersfirst.com or you can request a copy from us by calling NSC on 01782 793100. North Staffs Carers Association is a Registered Charity No.1062548. Operated by North Staffs Carers Association. Lottery registered with Stoke-on-Trent Council under the Lotteries and Amusements Act 1976. Licence number 256875. No chances may be sold to persons under the age of 16. 50p in every pound goes in prizes. Net proceeds go to North Staffs Carers.

NORTH STAFFS CARERS - PRIZE DRAW CLUB

IF PAYING BY STANDING ORDER, PLEASE COMPLETE THIS SECTION WITH DETAILS OF YOUR OWN BANK (Do not send to your bank, send to North Staffs Carers Association address printed above)

Your Bank Details

Account Holders Name _____

Account Number _____ Sort Code _____

Bank Name _____ Bank Address _____

I wish to pay the sum of £ _____ Every 52 weeks.

First payment to commence immediately and continue until you receive further notice from us in writing.

PLEASE PAY : The Co-operative Bank, P O Box 250, Delf House, Southway Skelmersdale WM8 6WT

SORT CODE : 08 - 92 - 99

ACCOUNT NO. 65275333

Signature _____ Date _____ Bank Quoting Ref _____

(For office use only)