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REGISTRATION FORM

Registration includes: • Registration card • Reduction on clinic fees

Please indicate your subscription preferences (Please note: Subscriptions are non-transferable and non-refundable):

- Annual Registration: Single - £30**
- Annual Registration: Couple - £35**
- Annual Registration: Children - £5 per child (up to the age of 18 or in full time education)**
- Life Registration : Single - £250**
- Life Registration : Couple - £300**
- Life Registration : Children - £35 per child (up to the age of 18 or in full time education)**
- I/We would like our subscription to be treated as a **Gift Aid** Donation (see form)

BLOCK CAPITALS PLEASE

NAMES: Title/s _____ Surname/s _____
 First name/s _____

CHILDREN'S NAMES and D.O.B. _____

ADDRESS: _____
 _____ Post Code _____

TELEPHONE NUMBERS: Home _____ Work _____
 Mobile _____

Are you currently a student , receiving a state pension , or receiving any of the following benefits:
 Carer's Allowance Incapacity Benefit Income Support Job-seeker's Allowance ?

If receiving benefits, please enter benefit number: _____

Signature _____ Date _____

PAYMENT BY CASH OR CHEQUE ONLY (please make cheques payable to WESSEX HEALTHY LIVING CENTRE)

FOR OFFICE USE ONLY: REGISTRATION NUMBER _____ CONCESSIONARY GIFT AID

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