



APPLICATION FORM!

I would like to become a member of Goalden Gate Superdraw

Name

Address

Postcode

Telephone

Email

Date of Birth

(Office Use Only) BA

I confirm that I am at least 16 years of age

Please tick as appropriate: 6 months - £26 cheque 12 months - £52 cheque

TO PAY BY MONTHLY STANDING ORDERS

PLEASE USE BLOCK CAPITALS

Please pay:

The Account of **GOALDEN GATE**

Sort Code 20-97-78 A/C NO 20121908 the sum of four pounds 34p (4.34)* or the sum of eight pounds 68p (£8.68)* per calendar month per membership from today's date until further notice from the account of (*delete as applicable)

Name of Account

Account Number

Sort Code

My Bank (Name of Bank)

Full Bank Address

Postcode

£ per month

Signed

Date

Data protection: The Goalden Gate will use your current and future information for administration, marketing and profiling your purchase preferences. We may share this information with our business partners. We, or they, may contact you by mail, telephone, SMS, fax or e-mail to inform you of goods, services or promotions which may be of interest to you.

Please tick this box if you DO NOT wish to receive such information, please note this will preclude you from receiving any of our special promotions of promotions.

goalden gate

SUPERDRAW



GAMBLING
COMMISSION

Registered with the Gambling Commission
and proud members of the Lotteries Council.