

Membership of the Pink Ladies is open to women diagnosed with breast cancer only



MEMBERSHIP DETAILS – Please delete as appropriate*

New Member: **Yes/No**

Approximate Date of diagnosis of Breast Cancer _____

Title: Mrs/Miss/Ms/Other _____ Date of Birth: _____

Forename: _____

Middle Initial(s): _____

Surname: _____

Address: _____

_____ Post Code: _____

E-mail _____

Home Telephone Number: _____

Work Telephone number: _____ (If used, complete discretion guaranteed)

Mobile Telephone Number: _____

Please state how you would like to receive our newsletter

I wish to receive the news letter by E-Mail: **YES/NO** Post: **YES/NO**

(Please consider the use of e-mail as it cuts down on our costs. Thank you.)

Signed:..... Date:.....

Please indicate if you are happy for your details to be added to our membership list, which is then circulated to other members, YES/NO

By providing the above personal information you agree that we can store our data electronically and use it to mail, phone or e-mail you. We do not share this information with any third party.

Please forward your completed details to:-

Mrs Angela Horsepool - Secretary

Les Souciques

Rte de la Margion

St. Saviours

Guernsey GY7 9XH