



Lottery Membership Application

Please return your completed form (with cheque, if applicable) to FREEPOST AIR AMBULANCE PROMOTIONS (no stamp or other address details required).

1. Your Details (PLEASE PRINT IN BLOCK CAPTIALS)

Mr / Mrs / Miss / Other _____

First name _____

Surname _____

Address _____

_____ Postcode _____

Telephone _____

Email address _____

I confirm I am 16 years of age or over

Signature _____

We would love to keep in touch to tell you how your support is making a difference and helping us to save lives. We will write to you from time to time to update you about what's going on here at the charity, and how you can continue to help us. If you would prefer we kept in touch by email instead, please tick this box

We care about our supporters as much as we care about our patients and will always respect your wishes. If you would rather we didn't keep in touch at all, please tick this box

2a. Regular Lottery

I would like to purchase ____ chance(s) per week in the Regular Lottery.

If you now wish to join our Superdraw, please complete section 2b. If you only wish to join the Regular Lottery, please go straight to section 3.

2b. Superdraw

I have purchased ____ weekly chance(s) in the Regular Lottery and would also like to purchase ____ weekly chance(s) in the Superdraw. (For every chance you have in the Regular Lottery you may, if you wish, have one chance in the Superdraw.)

3. Your Payment

Your total payment is £1 per week for each chance in each lottery so if you have one chance in the Regular Lottery and one chance in the Superdraw, your total payment is £2 per week.

Cheque/Postal Order (suggested minimum 26 weeks)

I enclose a cheque for £ _____

Please make cheque payable to 'Air Ambulance Promotions Ltd'.

Instruction to your Bank or Building Society to pay by Direct Debit

Name(s) of Account Holder(s)

--

Bank/Building Society Account Number

--	--	--	--	--	--	--	--

Branch Sort Code

--	--	--	--	--	--

Name and full postal address of your Bank or Building Society

To: The Manager
Address:
Postcode:

Instruction to your Bank or Building Society to pay by Direct Debit

Please pay Air Ambulance Promotions Ltd from the account detailed in this Instruction subject to the safeguards assured by the Direct Debit Guarantee. I understand that this Instruction may remain with Air Ambulance Promotions Ltd and, if so, details will be passed electronically to my Bank/Building Society.

Signature(s)	
Date	

Banks and Building Societies may not accept Direct Debit Instructions from some types of account.

Service User Number

6	8	3	8	7	6
---	---	---	---	---	---



Reference Number

--	--	--	--	--	--	--	--	--	--	--	--

For Air Ambulance Promotions Ltd Official Use Only

This is not part of the instruction to your Bank or Building Society
Each chance in each lottery costs £1 per week

I wish to buy ____ chance(s) each week in the Regular Lottery and pay:

4-Weekly Quarterly Annually

I would also like to buy ____ chance(s) each week in the Superdraw

Issued under registration with the Gambling Commission
gamblingcommission.gov.uk

Operating licence no. 000-004674-N-100307

Personal management licence holder: L Harris

If you, or someone you know, requires information and/or help with problem gambling, please visit gambleaware.org or call the National Gambling Helpline on 0808 8020 133 - lines are open from 8am until midnight.