IPSWICH INSTITUTE

Ipswich Institute Lottery Club Application

I would like to join the Ipswich Institute Lottery Club

Your name		
How many tickets would you like to buy at £5 each per month?		

Name (to whom the cheque will be made out should you win)

Postal address (to which winnings will be sent)

Street	
Town	
Postcode	
Home telephone	
Mobile telephone	
Email Address	

I/we agree that if we wish to cancel this order I/we will also inform the Institute Lottery Club of this decision.	
I/we agree that if we wish to cancel this order I/we will also give the Institute Lottery Club one month's notice before the next payment is due.	
I/we understand that our personal data will only be used for Lottery purposes.	
In the event of you winning a prize, may we publish your name?	Yes / No
I confirm that I wish to join the Ipswich Institute Lottery club and that I will abide by the rules of the club.	
Signed	
Dated	

Please return this form to the main desk in the Library in Tavern Street

Thank you for your support and good luck!