

POOLE HEART SUPPORT GROUP

Affiliated to the British Heart Foundation and The Arrhythmia Alliance – The Heart Rhythm Charity.

President: Dr Chris Boos MBBS, Dip IMC RCS (Ed), MD, FRCP
President Emeritus: Dr.A.McLeod MA MB Bchir MD, FRCP ESC.
V.Presidents: Maggie Richardson, Jim Waine,
Geoffrey Walker OBE, JP, RGN

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Dear Member,

1st Dec 2023

We have 13 different venues for exercise and run 28 classes a week with 8 trainers. Class attendances are back up to pre-pandemic levels so we look forward to 2024 with confidence.

The PHSG Membership year runs from January and aligns with the calendar year. We are pleased to be able to offer again a good range of exercise classes and I have pleasure in inviting you to renew your membership with effect from 1st January by completing the form overleaf. Remember that the membership card you were already issued with remains in perpetuity and we do not send out a new one each year. I would also like to remind you of the wide range of activities which the Group offers members and I hope that you will continue your membership. Please ensure your subscription of £8 is received before 30th January, as this will make the Treasurer's role much easier. If you do not renew, you will no longer be entitled to attend exercise classes and social events and you will no longer receive the Magazine.

GDPR - MOST IMPORTANT: Please note that GDPR data protection regulations require us to ask you positively to give us permission to hold your membership data and communicate with you by email, telephone or post. By signing the form, you will give us that permission. So please, you must sign the form or obviously we can't serve you as a member! We hold your name and address, telephone number and email address and only selected committee members have access to that data. We will never share the data with any other organisation.

Donation Facility

Perhaps I could also point out the facility overleaf for you to make a donation, additional to your fees, which will enable us to continue to help all our members and expand the facilities that we can make available. Thank you.

Payment may be made preferably by Direct Banking to:

Account Name: Poole Heart Support Group.
Sort Code 30-96-73, Account 03004258.
Please use your Membership Number (On the label affixed overleaf) as reference.
Then return this form marked with 'Bank Transfer' payment.

Or you may pay by Cheque:

Made out to 'Poole Heart Support Group' written out in full and enclosed herewith.

Many thanks, and my good wishes to you all.

Nigel Rowe

PHSG Membership Secretary

PLEASE RETURN THE FORM ADDRESSED TO:

Nigel Rowe, Membership Renewal, 6 Oakdale Road, Poole, BH15 3LE

Please confirm that your address details are correct or advise of changes: YES / NO

To help personalise emails to you, please underline or add the name you like to be called by.

Affix label here

**IMPORTANT: Please confirm your current e-mail address below.
PLEASE ENTER IN CAPITALS AND WE WILL CONVERT TO LOWER CASE.**

My e-mail

Changed?

Membership subscription £ 8.00

Donation (optional) £ _____

TOTAL £ _____

I wish to renew my subscription. I am making a Bank Transfer of £
Bank Transfer to Poole Heart Support Group. Sort: 30-96-73 Account: 03004258 use Membership No (on the label above) as your reference. Please ensure your subscription is received before 30th January, **preferably via Bank transfer**, this will make the Treasurer's and my role much easier.

Or ... I wish to renew my subscription and enclose a cheque for £
We prefer Bank Transfer but you may pay by cheque and enclose it with this form. Cheques made payable to "Poole Heart Support Group" written out in full please.
We regret we cannot accept Standing Orders

I do not wish to renew my subscription because: _____

Please note that under GDPR Data Protection regulations we require you to give us permission to hold your membership data and to use it to communicate with you by email, post or telephone on PHSG matters. Your data will be kept securely and not passed to any third party. Your signature here will be taken as permission.

Sign please



Signed _____ Date _____

Office Use Only	MN	TR	/	/	DB	/	/
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