

Friends of Clockwise Lottery Membership Application

Name _____ Membership Number _____

I confirm that I want to Join the Friends of Clockwise Lottery and agreed to be bound by the Terms and Conditions of membership. (Full terms & Conditions will be forwarded upon receipt of this completed form, and you will have up to 14 days to cancel your application. You will not be entered into the draw until the 14 days have passed.)

I would like to have (number at £1.00 each, Maximum of 10) entries per month and authorise payment from my shares account held with Leicester Credit Union Ltd. If there are insufficient funds within my share account I acknowledge that I will not be entered into the draw and my numbers will be no longer valid and can be reallocated by Friends of Clockwise

Signature _____

Date _____

