

# MEMBERSHIP APPLICATION

## Annual Subscription Rates

*Please Tick*

Individual Single Membership	£30	_____
Couples Joint Membership*	£45	_____
Students under 21	£3	_____
Individual Life Membership	£200	_____
Couple Life Membership*	£350	_____

\* Living at same address

Subscriptions are payable annually on 1 March. 50% of annual rate applies when joining after 1 Sept. Our magazine and events information will be posted to you.

### PLEASE USE BLOCK LETTERS THROUGHOUT

I/we wish to become a Friend. I enclose a cheque for £\_\_\_\_\_ made payable 'Friends of National Museum Wales' or I agree to pay by Standing Order.

Title/ Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Postcode \_\_\_\_\_ Tel No \_\_\_\_\_

Email Address \_\_\_\_\_

Please indicate that you consent for us also to contact you by: email (yes / no) telephone (yes / no)

## Standing Order

By completing a Standing order you can help reduce the Friends' stationery and mailing costs.

**From** (your name and address)

\_\_\_\_\_

\_\_\_\_\_

Postcode \_\_\_\_\_

**To** (your Bank's name and address)

\_\_\_\_\_

\_\_\_\_\_

Your Bank's Sort Code \_\_\_\_\_

Your Account Number \_\_\_\_\_

Please pay the sum of \_\_\_\_\_ pounds (in words) to Lloyds Bank Queen's Street Cardiff Branch (30-91-63) for the credit of the National Museum of Wales Friends Sub (A/c no. 00211144) on receipt of this order and on 1 March thereafter until further notice, and debit my account accordingly. This form cancels any previous instruction.

Signed \_\_\_\_\_

Date \_\_\_\_\_

Please complete where appropriate and return to:

Emrys Jones, Membership Secretary,  
Friends National Museum Wales  
2 Pembroke Close  
Dinas Powys  
Vale of Glamorgan CF64 4PA.

If you have any questions, or wish to contact the Membership Secretary, you may also send an email to [membership@friendsmuseumwales.org.uk](mailto:membership@friendsmuseumwales.org.uk)

## Gift Aid Declaration

Registered Charity Number: 701990

A) Please treat any donations or membership subscriptions that I have made over the past four years, and I may make in the future as a Gift Aid donation.

B) I confirm that I have paid or will pay an amount of Income tax and/or Capital Gains Tax, for each year (6 April to 5 April), that is at least equal to the amount of tax that I give and will reclaim for that tax year.

### Donor's Name

Title/ Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Postcode \_\_\_\_\_

Signature \_\_\_\_\_

\_\_\_\_\_

Date \_\_\_\_\_

Please notify the charity if you wish to cancel this declaration, change name/ home address or no longer pay sufficient tax on your income.

**If you sign this Gift Aid declaration the Friends will be able to reclaim the tax on your subscription, at no cost to you.**

*Data Protection: The information you have provided will only be used by Friends National Museum Wales for maintaining membership and communicating information about events and visits. All information you provide will be held for as long as is necessary and will be held and disposed of securely.*