



MEMBERSHIP APPLICATION

Registered Charity Number: 701990

Annual Subscription Rates	Please Tick
Individual Single Membership	£20 <input type="checkbox"/>
Couples Joint Membership*	£30 <input type="checkbox"/>
Students under 21	£3 <input type="checkbox"/>
Individual Life Membership	£200 <input type="checkbox"/>
Couple Life Membership*	£350 <input type="checkbox"/>

* Living at same address

Subscriptions are payable annually on 1 March. 50% of annual rate applies when joining after 1 September.

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 _____

Please indicate whether you are content for us to contact you by email. Yes No

Email Address _____

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 (sort code 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 the Subscription Secretary, Friends National Museum Wales Cathays Park Cardiff CF10 3NP.

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

Gift Aid Declaration

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.