

Application for Membership of the Friends of the Gurkha Museum

Full name:		Title:	
Billing Address:			
Postcode:		Telephone:	

Gift Membership If you are purchasing a gift membership please complete the name and address of the recipient

Full name:		Title:	
Address:			
Postcode:		Telephone	

Please send renewal notices to myself/recipient (delete as appropriate)

Type of Membership Required (please tick):			
<input type="checkbox"/>	Friend Single membership £15	<input type="checkbox"/>	Joint Friends* 2 Adults £25
<input type="checkbox"/>	Student (16+ in full-time education) £10	<input type="checkbox"/>	
<input type="checkbox"/>	Life £150	<input type="checkbox"/>	Joint Life £250
OVERSEAS MEMBER SURCHARGE: £5		*At the same address	
Name of additional member if applying for joint membership:			

Method of Payment:			
<input type="checkbox"/>	Cash (In person)	<input type="checkbox"/>	Cheques (payable to "The Gurkha Museum")
<input type="checkbox"/>		<input type="checkbox"/>	Standing Order v(See below)
<input type="checkbox"/>	Credit card Visa, MasterCard Maestro (Please Circle)	Card No:	
<input type="checkbox"/>	Start Date:	Expiry date:	Issue No:
<input type="checkbox"/>	Amount:	debit cards only	
<input type="checkbox"/>		Security code: Last 3 digits on the signature strip	
Cardholders name:		Signature:	Date:

Gift aid Declaration	
I wish all subscriptions, donations and other payments I make to The Friends of the Gurkha Museum from the date of this declaration to be treated as Gift Aid. I <u>understand that I must pay an amount of income tax or capital gains tax at least equal to the tax the charity reclaims on payments made by me in the tax year.</u>	
Signature:	Date:

Standing Order

To (name of your bank):			
Address of your bank:			
Please pay to the credit of the Friends of the Gurkha Museum A/C No. 10047107 at The Royal Bank of Scotland 16-34-25, 67 High Street, Winchester SO23 9DA			
The sum of	£	Amount in words::	
On the	Day of (month):	(year):	
And the same sum on the same day MONTHLY/ANNUALLY until further notice and debit my account accordingly. <i>Please cancel any previous mandate for the same beneficiary.</i>			
Account No:		Sort Code:	Membership Number/Payment reference (to be entered by Friends Office)
Your details:			
Surname:	Initials:	Title:	
Address			
		Postcode:	
Signature:		Date:	
Your details will be held on a database at The Gurkha Museum. From time to time the Museum would like to update you on forthcoming events, exhibitions and other activities that support our aims by post or email. By giving us these details we understand you are happy for us to contact you in these ways.			