

**FRIENDS OF THE CHESHIRE MILITARY MUSEUM
MEMBERSHIP APPLICATION FORM**

(You can apply online: www.cheshiremilitarymuseum.co.org/friends)

Please complete in CAPITAL LETTERS and return to:
The Secretary, Friends of the Military Museum, The Castle, Chester, CH1 2DN

Mr/Mrs/Rank

Full Name.

I/We wish to enrol as a Friend of the Cheshire Military Museum (Tick the appropriate choice in the box below):

Type of Membership	Period	Amount	Choice
Individual	Annual Membership – 1 Year	A minimum of £50 or £5 per month	
Family	Annual Membership - 2 adults and 2 children under 18 plus one adult guest	A minimum of £90 or £10 per month	
Corporate	Annual Package including access to the museum and meeting rooms, details to be confirmed	£500	

Payment Method	Choice
I enclose a cheque for £..... made payable to “The Friends of the Cheshire Military Museum	
I have paid my chosen subscription/donation by Standing Order which I have set up and used my surname as the payment reference.	
I would prefer you to arrange my Standing Order for the chosen amount with my bankers and have completed the form overleaf.	
Please pay to BARCLAYS BANK, Chester Branch, Chester, CH1 2DY “The Friends of the Military Museum” Sort Code 20-20-46, Account 50168580	

Signature Date:
 Address:
 PostCode.....
 Telephone:
 Email.

GIFT AID DECLARATION - Charity number 272108

I am a UK tax payer and wish for the Friends of the Cheshire Military Museum to treat my donation of £..... (per month/per year*), and all donations I make from the date of this declaration until I notify you otherwise, as Gift Aid Donations

Signature: Date:

STANDING ORDER

You may be able to set up a Standing Order online or by telephone if you use these services.

If not, please complete the form below and send to the Museum.

The Secretary,
Friends of the Cheshire Military Museum,
The Castle,
Chester,
CH1 2DN

We will then forward it to your bank.

The Manager (insert name and address of bank)

.....

.....

..... (insert Post Code)

From: (insert your name & address)

..... Account Number:.....

.....

..... (insert Post Code)

Reference: "Subscription(insert your name)"

The sum of (amount in words)

Starting on theday of20.... and continue to pay the same amount monthly/annually* thereafter until further notice

Signature..... Date:.....