

# Friends of Chelmsford Museums

## Membership Application Form

Please complete in block capitals.

**See Period of Membership.**

Title ..... Surname .....

Forenames .....

Tel.no. ....Date.....

Address .....

.....

.....Postcode .....

Email address.....

### Membership Options

Please tick/enter amount

Individual annual subscription £10 £.....

Family annual subscription £15 £.....

Donation £.....

**Total** £.....

**Please tick your chosen method of payment**

**Cheque**.....

**Bankers Order**.....

**BACS payment**.....

**HSBC Bank plc sort code 40-17-45**

**A/c No. 41116096**

Please return to the Membership Secretary

**Mr Robert F Hall,**

**Braemar,**

**The Green,**

**Hatfield Peveler,**

**Chelmsford, CM3 2JQ**

# Friends of Chelmsford Museums

Registered Charity No. 1106243

## Gift Aid

Being a Registered Charity, we are able to reclaim the tax paid on your Membership Subscription and any Donation giving a substantial increase in our income.

If your circumstances change and you no longer pay sufficient tax you should inform us and the Gift Aid will be cancelled.

## Declaration

I agree to the Friends of Chelmsford Museums reclaiming tax on all of my subscriptions and donations until further notice. I confirm that I pay income tax at the standard rate sufficient to cover all my charitable donations.

I understand that I must inform the FCM if I cease to pay tax at least equal to the amount of tax deducted from both my subscription and donation.

Signed .....

Date .....

## Period of Membership

New Members joining **before** the end of August will have up to 12 months Membership and must renew their subscription the following March.

Members joining **after** the end of August will have up to 18 months Membership. In effect, they will have up to 6 months free Membership.

## Data Protection

I understand that by submitting this Membership Form I am consenting to receiving information about the FCM by post, email or 'phone. The FCM will only use your personal data for the purposes of your involvement in FCM activities. Your data will not be shared with any third party without your explicit permission.

Signed .....

Date .....

# Bankers Order

To **The Manager**

Name and address of your Bank

.....

.....

..... Post Code .....

Please pay to the account of :-

**The Friends of Chelmsford Museums,**

**HSBC Bank plc**

**99 High Street,**

**Chelmsford CM1 1EQ**

**Sort Code 40-17-45 A/c No.:- 41116096**

the sum of £ .....

commencing on the 1<sup>st</sup> day of March and then each year and a like sum until further notice and debit my account with each payment made.

Signed ..... Date .....

Your name in BLOCK CAPITALS

.....

Address.....

.....

..... Post Code.....

Your Account Number.....

**Please set up a standing order by telephone or on line. Alternatively detach this part of the form and send it to your Bank. Please be sure to tick Bankers Order in the Payment Options section opposite.**