



Membership Application Form

Welcome and thank you for your interest in becoming a Member of Dartmouth Museum Association

(Membership is available to anyone 18 years or over)

Please return this form to The Secretary, Dartmouth Museum, 6 Duke Street, Dartmouth, TQ6 9PZ

Full Name(s)			
Address			
Telephone	Home	Mobile	
Email			
Subscription	Single <input type="checkbox"/> £15.00	per annum	Joint <input type="checkbox"/> £20.00 per annum
Committee Member /Trustee. Please indicate if you would be interested in becoming an officer, or when eligible, a Trustee <input type="checkbox"/>			
Signature			Date

General Data Protection Regulations. The information you provide here, assists the Association in tailoring its operations, to further assist its members. Your personal information is held on a computerised database, which may be used, for mailing within the Association. This list may also be published periodically, within the group to all members. This list is **NOT** published, or disclosed, to any external organisation. In order to comply with the Data Protection Regulations, we are obliged to ask you to allow Dartmouth Museum Association to use your details as described. Please tick if you are in agreement.

Gift Aid Declaration

I confirm I am a UK taxpayer, and the tax I pay (Income tax and/or Capital Gains tax) will be greater than the charity will reclaim on this payment. Please treat all membership subscriptions/donations, I have made to the Dartmouth Museum Association since 6th April 2000 and those I make from the date of this declaration until I notify you otherwise, as Gift Aid donations.

Signature		Date
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Standing Order Mandate

TO: The Manger (your Bank details)

Bank..... Branch.....Account Name.....

Sort Code.....Account Number.....

Please pay - NatWest Bank - Account Name - Dartmouth Museum Association

Sort Code **52-30-20** - Account Number **33173273** The sum of £..... on (date).....

and annually thereafter until cancelled by me.

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