SALCOMBE MUSEUM SOCIETY

Registered Charity No. 268909

Membership Application

The subscription rate is £6 minimum per person. Members are encouraged to pay by Bankers' Orders, and Gift Aid declarations enhance the value of subscriptions to the Society.

I/We wish to become a member(s) of the Salcombe Museum Society
Signature of member
Signature of joint member
Date
REGISTRATION DETAILS (block capitals please)
Surname Initials
Address
Postcode
Email address
Telephone No
PRIVACY POLICY/DATA PROTECTION
We need you to confirm that you give the museum permission to hold your personal data in order to share museum news, events & fundraising appeals & to contact you in relation to your membership & Gift Aid (if relevant). You can request to see what personal data the museum holds, ask for it to be rectified and/or destroyed any time by writing to the museum. All data is held while you are a member and for up to 5 years after your last payment before being destroyed. All data is held securely. Any questions, queries or to request to view our privacy policy, please write to the Curator.
I give the museum permission to hold my personal data for the reasons above:
Signature Date
Please return this form to the Curator, Salcombe Maritime Museum, Old Council Hall,

Market Street, Salcombe, TQ8 8DE

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Bankers' Order

То	Bank
Full address of bank	
	Post code
Account number	Sort Code
Please pay to Lloyds TSB Bank pl	c, Salcombe Branch (Sort Code No. 30-94-72) for the credit of the
	ount number 00753161) the sum of £ now and £
on 1st January next and continue writing, charging such sums to the	e to make a similar payment in each year until this order is cancelled in ne debit of my account
THIS CANCELS ANY PREVIOUS O	RDER GIVEN BY ME/US IN FAVOUR OF THE SALCOMBE MUSEUM SOCIETY
Signature	Date
Name in full	
Address	
	Post Code
Email address	
Gift Aid declaration	on
Full name (in capitals please)	Title
Address	
	Post Code

I request the SALCOMBE MUSEUM SOCIETY to reclaim tax on all donations I make, including subscriptions, on or after the date of this declaration.

Signature: Date:

Please note: This declaration should only be signed if you are a payer of income tax or capital gains tax at least equal to the tax which the charity will reclaim on your donations (25p for every £1 you give).

Please return this form to the Curator:

Roger Barrett, 45, Embankment Road, Kingsbridge, Devon, TQ7 1LA