**FRIENDS OF MARLIPINS MUSEUM**

Membership application/renewal form

Contact: Membership Secretary

 c/o Marlipins Museum

 36 High Street

 Shoreham-by-Sea

 BN43 5DA

Membership rates

Individual £10

Joint/family (2 adults plus 4 children) £20

Name(s)(please print) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please tick

[ ] I enclose a cheque for \_\_\_\_\_\_\_\_\_\_\_ payable to **Friends of Marlipins Museum**

[ ] I enclose cash of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[ ] I wish to make a donation of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[ ] I wish to pay by online banking

HSBC

Sort code 40-41-28

Account No: 61394665

In signing this form I understand that I am giving permission for my details to be used to communicate information relevant to membership of the Friends of Marlipins Museum.

Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_