

Membership Application

Please enrol me as a Member of Saffron Walden
Museum Society Ltd (Regd Charity No.1123209)

Name: _____

Address _____

Tel: _____ Post code: _____

I enclose £ . . . (£10 per person minimum) for my
current year's subscription. (Cheques payable to
Saffron Walden Museum Society Ltd, please)

I would like in future to pay my subscription
by Standing Order (please tick if you would like a
Standing Order form sent to you)

My email address is:

My details may be retained on the Museum Society
database (this information will be used only by the
Society for communicating with you)

Signed:

Date:

I am a Senior Citizen

Gift Aid Declaration

*Completion of this declaration enables the Society to
reclaim income tax without any further cost to you or
action on your part.*

I would like you to treat as a Gift Aid Donation the enclosed
subscription/donation, and all donations I make from the
date of this declaration until I notify you otherwise

Signed:

Date:

Please send this completed form and your remittance to:

Membership Officer, Saffron Walden Museum Society Ltd,
The Museum, Museum Street, Saffron Walden, CB10 1JL