

Application for Membership of Colne Valley Museum

Types of Membership: (please tick as required)

Member	<input type="checkbox"/>	Family/Joint	<input type="checkbox"/>
Senior (60+)	<input type="checkbox"/>	Senior Couple (60+)	<input type="checkbox"/>
Fulltime Student	<input type="checkbox"/>		

Personal Details

I/We wish to join as a member of Colne Valley Museum.

Mr, Mrs, Ms etc Mr, Mrs, Ms. etc

Surname Surname

First Name First Name

Address

.....

Postcode Tel. No:

Gift Aid Declaration

I am a UK taxpayer and wish my membership fee and any donations to be treated hereafter as gift aid donations until further notice. Please tick

Signature Date

Details will be held electronically and in written records for the sole purpose of managing Colne Valley Museum and will not be given or sold to other parties.

Please make cheques payable to: 'Colne Valley Museum'

Please return completed form and payment to:
Membership Secretary, Colne Valley Museum, Cliffe Ash, Golcar,
Huddersfield, HD7 4PY