East Surrey Museum

Membership Application Form

Title (Mr / Mrs / Dr, etc.)	
Full name	Address (of bank, including postcode)
Address	
Postcode	Your bank's sort code
Email	Your account number
Telephone	Please pay, on the 1st of next month, and then each su the same date, the sum of TEN POUNDS from the abo
I wish to become a Friend of East Surrey Museum	credit of EAST SURREY MUSEUM:
Signature	Bank
Date	Sort code
Please note that by providing your contact details and signing this application	Account number
form you agree to the use of your details by East Surrey Museum solely to provide the benefits of membership. Data will be held on a computer but will	(For security reasons the above details of the museum's

never be divulged to a third party. Your bank details will not be held on the computer.

Please return this form, together with cash or cheque payable to 'East Surrey Museum' to The Curator, East Surrey Museum, 1 Stafford Road, Caterham, Surrey CR3 6JG. The current annual subscription is £10.

Alternatively, to pay by standing order, please proceed to the standing order page opposite.

Your full name _____

Signature & date _____

Please return the whole of this form to the museum, *not* to your bank.

Standing Order Application

To the Manager (please insert the name of your bank or building society):

bsequent year on ove account to the

s account will be inserted by the museum's accountant).