



FRIENDS OF RISCA MUSEUM

Membership Application Form

The annual individual subscription is £10.00

Please enrol me as a member of the Friends of Risca Museum.

I agree to be bound by the rules of the Group and I confirm that I am over 18 years of age.
(Should you be under 18 years of age and wish to join the Group an additional form will be provided for parents' approval)

FULL NAME: Mr / Mrs / Ms / Miss

ADDRESS:.....

..... POSTCODE

EMAIL:

Please tick if you are happy to receive news by e-mail regarding the Museum

I enclose the following payment of £.....

(Should you wish to add a small donation to your subscription, however modest, it would be very much appreciated)

If paying by cheque please make it payable to "Friends of Risca Museum"

If paying by standing order please complete the payment authority and send to your bank and also complete the following for our reference. If paying by bank transfer please complete the following for our reference:

Amount £ Reference: FofRM-..... (ADD YOUR SURNAME)

SIGNED.....

DATED.....

FULL DETAILS REGARDING THE OBJECTIVES OF THE GROUP CAN BE FOUND ON OUR WEBSITE AND MEMBERS CAN KEEP UP TO DATE WITH DEVELOPMENTS BY VIEWING THE WEBSITE OR FOLLOWING US ON FACEBOOK.

www.riscamuseum.org.uk



Please return this form to:

The Hon. Treasurer, Friends of Risca Museum,
c/o 12 Soane Close, Rogerstone, Newport, NP10 0BG.

Information provided on this form is used solely for the purpose of providing Membership to the Friends of Risca Museum.

Under no circumstances will we disclose your details to any third parties.

V3. Aug. 2019.

BANK DETAILS

To: The Manager

Bank/Building Society	Bank Account Number	<input type="text"/>
<input type="text"/>	Sort Code	<input type="text"/>
<input type="text"/>	Account in the name of	<input type="text"/>

PAYMENT AUTHORITY

Please debit my/our account in accordance with the following details

Please pay	Lloyds Bank PLC.	Sort Code	30-84-59
For the Credit of	Friends of Risca Museum	Account No	57621268
Amount to be paid	£	From (Date)	<input type="text"/>

Reference: FofRM-..... (ADD YOUR SURNAME)

This reference is what will appear on your bank statement.

This instruction cancels any previous standing order in favour of The Friends of Risca Museum from the above account

Signed	<input type="text"/>	Date	<input type="text"/>
Signed (if 2nd signature required)	<input type="text"/>	Date	<input type="text"/>

The date that the form is signed will be taken as the payment start date.

Annual membership runs from January to December.

If joining in the first half of the year, membership will expire in December.

If joining in the second half of the year, membership will expire in December of the following year.

If you use on-line banking, you can set up a direct transfer from your account. Please use your name in the 'Reference' field.