

Haslemere Educational Museum Gift Membership Application Form Please fill in the whole form using a ball point pen and send it to: Haslemere Educational Museum, 78 High Street, Haslemere, Surrey GU27 2LA

Gift Membership For:								Age Ra 18-29	ange 30-59	60+
Т	itle: Mr. Mı	rs. Miss	s.	Ms.		Other.				
First Na	me:									
Surna										
Addr	ess:									
				Po	stcode	2				
Tel No:		Email:								
Society / Sch	ool / Company Na	me:								
Parent / Care	er / Guardian's Na	me:								
Family Members: Date of Birth Age Range										
Title First Name		Surnam	Surname			1	(Juniors only)		30-59	60+
	+				/					
						/				
							·		<u> </u>	
Membersh	nip Category	(Please tic	k one o	nly)						
Adult: £15 1 Adult						Life: £300 1 Adult (c		over 18 years old)		
Joint: £20 2 Adults at same ad		address	Idress Socie			y: £30	Any Group, Committee etc			
Family: £25 1 Family at same ac		address	ddress			l: £30	Nursery,	sery, Infant, Junior etc		
Junior: £8 Child (up to 18 years		ears old)	s old) Corpora			rate:	Any Business From £120			
Gift Payment From: Your Name: Direct Debit										
If you would prefer to										
Credit / Debit Card or (pay over the phone* by calling 01428 642112) and reduce administration										
Please debit my account to the amount of £ costs – please download a Direct Debit Form from our										
(Please tick) Visa Mastercard Switch / Maestro website or ask at Reception.										
Card No.								Cheque I enclose a cheque for the amount of £ Please make cheque payable to "Haslemere Educational"		
Expiry date Start date Issue No.										
Card Security Cardholder's								Museum		additional
Code signature							Cash			
Please tick if you wish us to send you information by email. (e.g. Museum events, e-newsletters etc)								Please pay at Haslemere Museum Reception.		
, ,								· ·		