Friends of Blake Museum

Registered charity No. 1099815 www.blakemuseumfriends.org.uk

MEMBERSHIP APPLICATION FORM

Title(s):	First Name(s):	Surname(s):
Address:		
		Part Cada
		Post Code:
Telephone:		Email:
I apply for membership of FOBM and agree to FOBM holding and using my/our contact information to contact me/us about FOBM matters and with information of interest to members (please see below).		
Signature.		Date.
Please send this form together with your subscription fee to:		
	The Hon Treasurer, FOB	M, 5 Blake Street Bridgwater Somerset TA6 3NB
Annual* Subs	cription £20 (joint/family/institution	n. £14 (single). Corporate £30. Youth £5. Cheques payable to FOBM.
* Subs	criptions paid after the 31st May v	vill be held over until the 1st September. (New membership year)
		inications & Data Protection
above to use interest to you For speed, go wherever posyour consent want to check	n the Friends of Blake Museum, we to contact you about FOBM matters. The pod communication and to save meaning to save meanin	we will keep a record of the contact information you have provided ers and to pass on other information that we consider may be of money, FOBM prefers to use email to keep in touch with members information and will not share the information with third parties without do so. Please be sure to update us with any change of detail. If you or you wish us not to hold your contact details or not to use them as
subscription Treasurer if in pay sufficient Please treat a gifts of money pay an amoun that all the ch	s under gift aid. Please send you future you want to cancel this de tax to qualify. Ill gifts of money that I have made that I make to it from the date of the of Income Tax and /or Capital Carities or CASCs that I donate to the summer of the carities of CASCs that I donate to the summer of the carities of CASCs that I donate to the carities of the car	who are taxpayers sign the form below for paying their or Gift Aid Declaration to the Treasurer as above. Please notify the claration or you if you change your name or home address or no longe to the Friends of Blake Museum in the past four years and all future this declaration as Gift Aid donations. I confirm that I have paid or will be ains Tax for each tax year that is at least equal to the amount of tax will reclaim on my gifts for that tax year. I understand that other taxes d that FOBM will reclaim 25p of tax on each pound that I give.
		Donor's Details:
Title:	First name:	Surname:
Home addres	s:	
		Post Code:
Signature:		Date: