



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 Range

18-29 30-59 60+

Title: Mr. Mrs. Miss. Ms. Other.

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First Name:

Surname:

Address:

Postcode

Tel No:

Email:

Society / School / Company Name:

Parent / Carer / Guardian's Name:

Family Members:

Title	First Name	Surname	Date of Birth (Juniors only)	Age Range		
			/ /	18-29	30-59	60+

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			/ /			
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Membership Category (Please tick one only)

Adult: £15	1 Adult	<input type="checkbox"/>	Life: £300	1 Adult (over 18 years old)	<input type="checkbox"/>
Joint: £20	2 Adults at same address	<input type="checkbox"/>	Society: £30	Any Group, Committee etc...	<input type="checkbox"/>
Family: £25	1 Family at same address	<input type="checkbox"/>	School: £30	Nursery, Infant, Junior etc...	<input type="checkbox"/>
Junior: £8	Child (up to 18 years old)	<input type="checkbox"/>	Corporate:	Any Business From £120	<input type="checkbox"/>

Gift Payment From: Your Name:

Tel No. Email:

Credit / Debit Card or (pay over the phone* by calling 01428 642112)

Please debit my account to the amount of £ _____

(Please tick) Visa Mastercard Switch / Maestro

Card No.

Expiry date Start date Issue No.

Card Security Code Cardholder's signature

Please tick if you wish us to send you information by email.
(e.g. Museum events, e-newsletters etc...)

Direct Debit

If you would prefer to pay your subscription by Direct Debit and reduce administration costs – please download a Direct Debit Form from our website or ask at Reception.

Cheque

I enclose a cheque for the amount of £ _____
Please make cheque payable to "Haslemere Educational Museum"

Cash

Please pay at Haslemere Museum Reception.

*Credit / Debit Card

The office hours for paying over the phone is 10:00am to 4:00pm – Monday to Friday.