



FRIENDS OF THE 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, 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 the Risca Museum"

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Yes! I would like the Oxford House Industrial History Society to reclaim the tax on this and any other eligible donations or membership subscriptions that I may make in the future or have made in the past 4 years. I understand that I need to pay enough Income Tax or Capital Gains Tax in each tax year to cover the Gift Aid claimed on all my donations otherwise it is my responsibility to pay any difference.

If paying by bank transfer or standing order please complete the following for our reference:

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

SIGNED.....

DATED.....

Bank transfers should be made to **Friends of the Risca Museum** account:

Sort Code **30-84-59** Account Number **57621268**

If paying by standing order please complete the attached payment authority and send to your bank.

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:

Mr M Rogers, Membership Secretary, Friends of Risca Museum,
20 Mendip Close, Trenewydd Park, Risca, NP11 6QZ.

Information provided on this form is used solely for the purpose of providing Membership to the Friends of the Risca Museum. Under no circumstances will we disclose your details to any third parties.

V6. Nov. 2023

BANK DETAILS

To: The Manager

Bank/Building Society	Bank Account Number	<input type="text"/>
	Sort Code	<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 the Risca Museum	Account No.	57621268
Amount to be paid	£	Payment Frequency	Annually
		First payment Date	/ /

Please Quote Reference: FotRM-..... (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 the Risca Museum from the above account

Name	<input type="text"/>
Address	<input type="text"/>

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

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

Annual membership runs from April to March of the following year

If joining after November, membership will expire in March of the second year following.

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