**Alford Heritage Museum 2020 Membership Application Form**

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| Name | | | |
| Address | | | |
|  | | | |
|  | | Postcode: | |
| Tel: | | E Mail: | |
| Membership Type | Single £12 | Joint £ 20 | Family £25 |
| I do not require a membership card  Please post my membership card to me **Please tick which you prefer** | | | |
| I will be happy to have my contact details stored in the museum database.  This information will not be shared with any other organisation | | | |
| I will be happy to receive information on events and offers from Alford Heritage Museum | | | |
| Signature | | | |
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