

FRIENDS OF THE CITY ART CENTRE AND MUSEUMS OF EDINBURGH
ON-LINE APPLICATION

TitleFirst Name..... Surname.....
(Professor, Dr., Mr., Mrs., Miss, Ms.)

Title ...Mr.....First Name.....Surname.....

Address.....

Postcode Tel No.

E-mail address.....Date.....

Payment by cheque membership rates are **Single £20 pa** or **Joint (2 adults at the same address) £31 pa.**

I enclose a cheque for £20 / £31 made payable to 'Friends of CAC & Ms.'

Payment by Standing Order is *greatly* appreciated by the Friends and is simpler for you. Please consider doing so by either using online or in-branch banking to set up an annual Standing Order.

Please pay to – **Friends of the City Arts and Museums of Edinburgh, Bank of Scotland**
Sort Code – 80-02-73 Account number - 00330420

I wish to have my annual subscription paid automatically by Standing Order at the rates of £20 pa (single) or £31 pa (joint).

Signature..... **Date**.....

Your membership card will be issued on receipt of payment.
Membership year is from 1st April to 31st March

If you pay tax in the UK please consider making a Gift Aid Declaration, by signing the form below which provides the Friends, as a registered Scottish charity, with useful additional financial support from HM Government at no further cost to you.

GIFT AID DECLARATION

I would like the **Friends of the City Art Centre and Museums of Edinburgh** to reclaim the tax on all donations that I make until further notice. I understand that I must pay an amount of UK income tax or capital gains tax equal to any tax claimed.

Signature Date

In accordance with the General Data Protection Act 2018 we are forbidden to keep your personal contact details on our database without your permission. We require your details in order to send you newsletters, invitations and event information. On a joint membership both signatures are required.

GENERAL DATA PROTECTION DECLARATION

I give permission for Friends of City Art Centre and Museums to retain my personal details for their own use only.

Name Signature..... Date

Name SignatureDate

Please print and return this completed form to The Membership Secretary, Friends of the City Art Centre and Museums of Edinburgh, 2 Market Street, Edinburgh, EH1 1DE.

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Title ... Mr First Name Surname

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