### **Cumbria's Museum of Military Life**

Charity Name: King's Own Royal Border Regiment Museum Fund

#### APPLICATION FORM FOR MEMBERSHIP OF THE FRIENDS

#### Please complete in BLOCK LETTERS

Title	Forname(s) _		Surname						
Home addr	ess								
			Postcode						
Tel No			Email						
Mobile No.	•								
Please tick the appropriate annual subscription rate and complete the section(s) below:									
F	Friend (single) £20		Corporate (minimum donation)	£200 🗆					
Family £30		£30 U	Institutional	£30					
S	Senior £12	Ш	or						
			Life (minimum £300 donation)	£					
I would like to receive my <b>FRIENDS NEWSLETTERS</b> via: <b>POST</b> or <b>EMAIL</b>									
I would like to receive <b>TEXT MESSAGE EVENT REMINDERS</b> : <b>YES</b> □ <b>NO</b> □									
Single payment									
I/We enclose a cheque/cash for $\pounds$ payable to "The Friends of the KORBR Museum".									
			Standing Order						
Name & ad	ldress of your banl	x:							
	Postcode								
Name of ac	ccount holder		Bank Sort Code Account No.	0					
Please cred	lit the account of "	The Friends of the Ko	ORBR Museum" at HSBC Bank, PO Box 5, 29 English	h Street, Carlisle,					
Cumbria. C	CA3 8JT. So	ort code 40 – 16 – 22.	Account No 42022788						
with the sur	m of: £	on the	(date)(year) and with the sa	me sum on the same					
date annual	lly for	(years) or until fu	rther notice.						
**Please	date first paymei	nt at least 4 weeks j	from signing form so we can action standing ord	er mandate**					
Signed			Date						

Please return this form, and the Gift Aid Declaration form, if you have signed it, to The Membership Secretary, The Friends of Cumbria's Museum of Military Life, The Castle, Carlisle, Cumbria. CA3 8UR.

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# Gift Aid declaration – for past, present & future donations

Please treat as Gift Aid donations all qualifying gifts of money made								
Today		In the past four year	rs 🗆	In the future				
Please tick all boxes you	wish to apply							
I confirm I have paid or will p is equal to the amount of tax that tax year. I understand that 25p of tax on every £1 that I g	nat all charities or other taxes such	Community Sports Clu	bs (CASCs) t	hat I donate to will	reclaim on my gifts for			
Donor's details								
Title First no	ame or initial(s)_		Surname					
Full home address								
,			Postc	ode				
Signature		Date	·					
Please notify the charity if ye	ou:							
□ Want to cancel this declarate	ion							
☐ Change your name or home								
□ No longer pay sufficient tax	on your income	and/or capital gains.						
If you pay Income Tax at the must include all your Gift Aid tax code.	_							

Registered Charity No 271943