

# Membership Renewal Form 2020

Please fill in your name and send us the form with your subscription or make a payment by bank transfer or via our website (see details below)

Your membership will help support the museum and its work for the community. We are an entirely voluntary organisation and have no national or regional funding. We rely entirely on membership fees and donations.

NB: The information asked for below is for Museum use only to enable us to administer your membership and communicate with you. Please use block letters and tick boxes where appropriate.

Title: Mr / Mrs etc. .... Surname: .....First Name(s): .....

Post Code:..... Tel (inc STD code): .....

email: .....

<b>RENEWAL</b> - I am renewing:    Number of people:..... <input type="checkbox"/>
Single (in employment £13.00): <input type="checkbox"/>
Family /Household (£15): <input type="checkbox"/>
Concessionary (Retired, Student, Unemp):
Single concess £8.00 <input type="checkbox"/>
Double concess £11.00 <input type="checkbox"/>
Life (£125): <input type="checkbox"/>
You may wish to add a donation : <input type="checkbox"/>
I enclose cash/cheque in the sum of £       : (cheques made payable to <b>Sittingbourne Heritage Museum</b> )

<b>VOLUNTEERING (OPTIONAL)</b>
I/We could sometimes give voluntary help with the following (please tick)
Staffing the Museum <input type="checkbox"/>
Event organisation <input type="checkbox"/>
Research or answering queries <input type="checkbox"/>
Admin or logistics <input type="checkbox"/>
Publicity <input type="checkbox"/>
Collection Management / cataloguing <input type="checkbox"/>
Newsletter Delivery <input type="checkbox"/>
Fund raising <input type="checkbox"/>

<b>GIFT AID (TAX PAYERS ONLY)</b>
If you are a UK tax payer you can increase the value of your contribution to the museum by ticking your title box below
Title: Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> other ..... <b>and signing the following declaration</b>
I confirm that I have paid or will pay an amount of Income Tax and/or Capital Gains Tax in the current tax year that is at least equal to the amount of tax that all the charities that I donate to will reclaim on my gifts for that tax year. I understand that other taxes such as VAT and Council Tax do not qualify. I am and will remain in the coming year a UK taxpayer and would like Sittingbourne Heritage Museum (Registered Charity No. 1070698) to reclaim tax through Gift Aid on all subscriptions I pay and all donations I make from the date of this declaration until I notify you otherwise.
Signed:..... Date: .....

## What to do now:

Please return completed form and remittance cheque to:

**The Secretary, c/o 67 East Street  
Sittingbourne  
Kent, ME10 4BQ**

OR bring the completed form and remittance to one of our events or to the museum

OR pay by bank transfer quoting name and postcode to:

Sort code 60-19-25 Acct nr. 30835879

OR pay online by CARD or PAYPAL (see our website for details)

And...if you are a resident in Sittingbourne and a regular visitor to our series of evening events which require proof of membership, please tick this box for a membership card.

# Thank You !

Admin:	
Treasurer	<input type="checkbox"/>
Database	<input type="checkbox"/>

# NOMINATIONS

## for Members of the Executive Committee of the Sittingbourne Heritage Museum

Please complete and return this form if you wish to nominate anyone to stand for election to the Executive Committee at the 2020 Annual General Meeting on Tuesday May 19th.

The form is not valid unless it is signed by the proposed (nominee), the proposer and the seconder, and returned to the secretary c/o 67 East Street, Sittingbourne, Kent, ME10 4BQ by Friday 24th April 2020.

### PROPOSED: (nominee)

(name).....of

Address.....  
.....  
.....

*Please use block capitals  
and circle one office from  
the list below*

To the office of: \*Chairman, \*Treasurer, \*Secretary, \*member of the Executive Committee

***I agree to be proposed for the above office*** : Signature (Nominee).....

Date .....

### PROPOSED BY:

(name).....of

Address.....  
.....  
.....

Signature .....

### SECONDED BY:

(name).....of

Address.....  
.....  
.....

Signature .....

...