



The Society of Friends of the Guards Museum

Enrolment Form

***Please complete/delete as appropriate**

Title, Initials, Name, Decorations:

Address:

..... Post Code:

Telephone Number: Email:

*I wish to become a **Life Member Plus** of the Society of Friends of The Guards Museum and enclose a cheque for:
..... (min £1,000) made payable to **The Guards Museum Trust Fund.**

*I wish to become a **Life Member** of the Society of Friends of The Guards Museum and enclose a cheque for:
..... (min £500) made payable to **The Guards Museum Trust Fund**

*I wish to become a **Corporate** or **Branch** member and enclose a completed annual bankers standing order for
£ (min value £200 p.a.).

*I wish to become a **Friend of The Guards Museum** and enclose a completed annually/quarterly/monthly bankers
standing order for £ (min value £35 p.a.).

*I wish to become a **Friend of The Guards Museum** but am unable/do not wish to complete a banker's standing order.

*I enclose a cheque for £ (min £35 p.a.) made payable to: **The Guards Museum Trust Fund.**

OR (if completing the form in the Museum) I enclose an envelope with £ in cash/cheque.

Bank Standing Order

Please address to your bank:

Name of Bank: Sort Code (of your bank):

Address of your Bank:

..... Post Code:

Please pay to: Lloyds TSB Bank plc, Cox's & King's Branch, PO Box 1190, 7 Pall Mall, London SW1Y 5NA
(Sort Code 30-11-75). For the credit of The Guards Museum Trust Fund (Account No 01045875)

the sum of (Figure & Words) on (Date of first payment)
and annually on the same day thereafter.

Charging such payments to my Account Number:

Name: Date: Signature:

Address:

..... Post Code:

On completion, please return this form to:

The Secretary, The Society of Friends of The Guards Museum, c/o The Guards Museum, Birdcage Walk, London SW1E 6HQ.

The Society of Friends of The Guards Museum is a Registered Charity: 278 181

