

## Membership Application or Renewal

Name:			Application Date:	
Address:			Application Date:	
Postcode:			(We will post you a membership card)	
Email:				
Telephone r	number:			
Individual	£25			
Donation	£	1	Total enclosed £	

Cheques payable to: Cambridge Museum of Technology Trust

## How Information about you will be used

membe and exh email, a relevan permiss	a supplied will be used rship. We would also libitions, and other infound SMS (text). If you agt boxes. Please note by sion to transfer your emor who is based in the lease of	ke to send y rmation abo gree to be co ticking the co nail address	you newsletters, dout the Museum bontacted in this water	etails of events by post, telephone, ay, please tick the giving us specific			
Email	Post		Phone				
You can opt-out at any time by unsubscribing from our email or by writing to the membership secretary at the address below. For more information please see our privacy notice by visiting <a href="https://bit.ly/2IwI2S9">https://bit.ly/2IwI2S9</a> . You are strongly recommended to read it before signing this application							
Gift Aid Declaration				giftaid u			
Tick the box below to Gift Aid your donation at no extra cost to you and we'll be able to reclaim the tax.							
	I would like Cambridge incorporated organisat 1156685) to claim Gift have paid an amount o equal to the amount o	tion register Aid. I confir of UK income	ed in England with m that I am a UK t e tax or capital gai	n charity no. cax payer and I			
Signed:			Date	e:			