

'Friends Of The Museum'

Membership form

Please note we require a £10 membership fee.

*Title*_____

*First Name*_____

*Surname*_____

*Address*_____

*Address*_____

*Address*_____

*Address*_____

*Post Code*_____

*Daytime phone number*_____

*Evening phone number*_____

*e-mail address*_____

A member of the Friends of the Museum Service will contact you to organise payment. Please post this completed form to North Lincolnshire Museum or e-mail it to museum@northlincs.gov.uk