

APPLICATION FOR MEMBERSHIP

Please complete the form below.

Organisation	
Contact Name	
Address	
Post Code	
Web site	
Telephone	
e-mail	

Please note that applications will be considered by the NARTM Committee and acceptance will be advised. Please enclose your annual subscription (£20) which will be returned if your application is unsuccessful. Cheques should be made payable to NARTM.

For our records, please indicate whether your organisation:

Is a Registered Charity	yes / no
Is a Company Limited by Guarantee	yes / no
Has Provisional Museum Registration	yes / no
Has Full Museum Registration	yes / no
Has Museum Accreditation	yes / no
Has any paid employees	yes / no
Receives rates reduction on property (eg. nil, 80%, etc)	
Please give visitor numbers for last year	

Newsletters are issued four times per year. If you would like a second copy to be sent to a different address, please tick box and give details on the reverse of this form.

Extra Newsletters please

Signed _____ Date _____

Please return this form, with your remittance, to:
 Membership Secretary, NARTM,
 PO Box 5141,
 BURTON UPON TRENT,
 DE15 0ZF.