

## GIFT MEMBERSHIP FORM

(Hard copy brochures & forms are available on request in the gallery)

**Please select a GIFT Membership category:**

Individual A 12Mths\*  €60 with Paperless / **Email only** correspondence

Individual B 12Mths\*  €65 with email and Postal correspondence

Couples A 12Mths\*  €90 with Paperless / **Email only** correspondence

Couples B 12Mths\*  €95 with email and Postal correspondence

**\*Please renew membership after 12mths to continue receiving correspondence.**

Life membership  Annual subscription Fee x 10

Payment type: Standing Order  Bank Transfer  Cash  Cheque

\*Cheque made payable to The Friends of Crawford Art Gallery

### Member details: BLOCK CAPITALS PLEASE

Gift recipient Name: \_\_\_\_\_

Gift recipient Address: \_\_\_\_\_

\_\_\_\_\_ Postcode: \_\_\_\_\_

Payee Tel No: \_\_\_\_\_ Gift recipient Tel No: \_\_\_\_\_

Gift recipient Email: \_\_\_\_\_

Payee Name: \_\_\_\_\_

I / we consent to Friends of Crawford Art Gallery & Crawford Art Gallery sending me information via

**Email:** YES  NO  **Text:** YES  NO  **Post** (if applicable): YES  NO

Do you agree to the use of photographs of you being used on

**Social Media:** YES  NO

### SPECIAL DIETARY REQUIREMENTS:

ADMIN USE ONLY: EXCEL \_\_\_ A-Z \_\_\_ MAILCHIMP \_\_\_

## ANNUAL MEMBERSHIP FORM

(Hard copy brochures & forms are available on request in the gallery)

**Date:** \_\_\_\_\_

I / We enclose my/our subscription of € \_\_\_\_\_ for the following membership (please tick box)

Individual A 12Mths\*  €60 with Paperless / **Email only** correspondence

Individual B 12Mths\*  €65 with email and Postal correspondence

Couples A 12Mths\*  €90 with Paperless / **Email only** correspondence

Couples B 12Mths\*  €95 with email and Postal correspondence

**\*Please renew membership after 12mths to continue receiving correspondence.**

Life membership  Annual subscription Fee x 10

Payment type: Standing Order  Bank Transfer  Cash  Cheque

\*Cheque made payable to The Friends of the Crawford Art Gallery

I/We wish to become members of the Friends of Crawford Art Gallery.

Name(s): \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Postcode: \_\_\_\_\_

Tel No: \_\_\_\_\_ Tel No: \_\_\_\_\_

Email: \_\_\_\_\_

I / we consent to Friends of Crawford Art Gallery & Crawford Art Gallery sending me information via

**Email:** YES  NO  **Text:** YES  NO  **Post** (if applicable): YES  NO

Do you agree to the use of photographs of you being used on

**Social Media:** YES  NO

### SPECIAL DIETARY REQUIREMENTS:

ADMIN USE ONLY: EXCEL \_\_\_ A-Z \_\_\_ MAILCHIMP \_\_\_