

Manston History Museum Manston Road RAMSGATE Kent, CT12 5DF

Volunteer Membership Application

Tel: 01843 825224

Annual payment: Single £15 (16+) Joint £25 Family £40 (2 adults 4 children)

Volunteers are essential to the museums survival and are often the first point of contact for visitors.

Whatever your interest we can find something for you to do. All we ask is that you attend for a minimum of 12 hours a month when the museum is open, in return we offer you the following:

- Free admission to the museum any time the museum is open, including special events. To be included in news updates and details of forthcoming events connected to the museum.
- 15% discount on all full price goods purchased in the Museum Shop. 15% discount on own individual purchases in the N.A.A.F.I. Café.
- The opportunity to learn and share skills and knowledge, meet and work with likeminded people, all working together to preserve, protect and display Manston's Heritage.

I wish to be considered as an unpaid volunteer at the RAF Manston History Museum.

I am applying for one year's volunteer Single / Joint / Family (delete as appropriate) membership.

Applicant No. 1 Details:

Full name, including title

Date of Birth:

Address:

Post Code:

Telephone:

Mobile:

Email:

Next of Kin:

Name:

Telephone / Mobile

Medical

Please advise us of any special medical information, allergies or disabilities that we need to be aware of:

Applicant No. 2 Details:

Full name, including title

Date of Birth:

Address:

Post Code:

Telephone:

Mobile:

Email:

Next of Kin:

Name:

Telephone / Mobile

Medical

Please advise us of any special medical information, allergies or disabilities that we need to be aware of:

Applicant No. 3 Details:

Full name, including title

Date of Birth:

Address:

Post Code:

Telephone:

Mobile:

Email:

Next of Kin:

Name:

Telephone / Mobile

Medical

Please advise us of any special medical information, allergies or disabilities that we need to be aware of:

Applicant No. 4		
Full name, including title		
Date of Birth:		
Address:		
Post Code:		
Telephone:		History Museum
Mobile:		
Email:		
Next of Kin:		
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NI		
Name: Telephone / Mobile		
relephone / Moone		
Medical		
Please advise us	of any special medical info	rmation, allergies or
disabilities that w	ve need to be aware of:	
disabilities that w	c field to be aware of.	
Type of work you	would like to be considered	ed for
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	ne days you would like to v	olunteer on, on a regular
basis.		
Monday Tuesday Wed	lnesday Thursday Friday Saturday Sunday	y

Please tick all boxes that are applicable to you!

AM PM

All applications to volunteer within the museum are subject to committee approval. The committee reserves the right to refuse/revoke any application without any reason being given. Payment Option & Gift Aid Declaration: **RAF Manston History Museum** Online payments to HSBC Bank plc: Sort Code: 40-16-11 Account No: 82627523 Cheques should be made payable to: **RAF Manston History** Museum I wish to make a further donation of £ Y/N (Delete as appropriate). I enclose Cheque/Cash £ I wish to make a donation of £ towards Museum Polo Shirt I would like RAF Manston History Museum to reclaim the Gift Aid Tax on my membership subscription and any donations I made or make in the future. Y/N (Delete as appropriate). All volunteers are covered under the Museums Employee Liability Insurance. Signed: Dated:

Privacy Policy

Personal information held on this form and in our records will only be retained for the purpose of managing your membership, including volunteering, or to enable us to contact you when necessary. We will not pass or share your details to other persons or organisations and will be deleted when no longer required.