



Institutional Membership Form

Membership of ABMHF is free to individual and institutional members who support our aims and wish to participate in our activities. Please complete this form as fully as possible to register as an institutional member.

Contact Name:	
Institution Name:	
Type of institution eg. heritage centre, society	
Address:	
Postcode:	
Telephone:	
Primary contact email:	
Website:	

Please provide a brief summary of your organisation's aims and collections:			
Type of organisation <i>e.g. Trust, Limited Charitable Company, SCIO</i>			
Registration/charity number:		Does your organisation have museum or other accreditation?	
Core funding <i>e.g. by donations, admission, a Trust, grants etc</i>			
Open to the public?	Yes	No	Visitor numbers for 2018:
Number of paid staff Full-time:			Number of paid staff part-time:
Number of volunteers			Meeting room? Please advise of max capacity

Privacy statement

The information supplied in this form will be kept securely by ABMHF and will only be used to share information relevant to ABMHF members. Your personal information will not be shared with anyone else or any other organisations without your permission. If you wish to delete your details from our records, you may do so at any time by emailing: abmhforum@gmail.com.

I confirm that I have read the privacy statement and wish to register as a member of ABMHF. I understand that my membership will last until I cancel it.

Signed:

Date: