

**Lowestoft and East Suffolk Maritime Society**  
**MEMBERSHIP FORM**

**Your details** (we will not pass them on to anyone else)

Salutation (*Please circle*) Mr / Mrs / Ms / other \_\_\_\_\_

First name \_\_\_\_\_ Surname \_\_\_\_\_

Address \_\_\_\_\_

Postcode \_\_\_\_\_

Email \_\_\_\_\_

**Subscription** Minimum £7  Other £ \_\_\_\_\_

**Gift aid declaration**

I am a UK taxpayer and authorise LESMS to reclaim tax on this and any future donation until further notice.

Signed \_\_\_\_\_ Date \_\_\_\_\_

**Please return your completed form and cheque to**  
LESMS Membership Secretary, Lowestoft Maritime Museum,  
Whapload Road, Lowestoft, Suffolk NR32 1XG

LESMS Registered Charity 271444