

DESIGN MUSEUM

SHAD THAMES
LONDON SE1 2YD
DESIGNMUSEUM.ORG

DESIGN INNOVATOR APPLICATION FORM

Please fill in this form and post, fax or email it to:

Membership
Design Museum
Freepost LON 1220
Shad Thames
London SE1 2BR

Fax: 0870 909 1909

Email: membership@designmuseum.org

I would like to become a Design Innovator for £25!

(Please enclose proof of eligibility)

Name _____

Address _____

_____ Postcode _____

Telephone _____ Date of Birth _____

Email _____

Method of Payment: Direct Debit Cheque Credit/Debit Card

Card Number _____

Issue Number _____ Expiry Date _____ Start Date _____

(Switch only)

Signature _____ Date _____

Name of Account Holder _____

Branch Sort Code | _ | _ | _ | _ | _ | _ |

Account Number | _ | _ | _ | _ | _ | _ | _ | _ | _ |

Name and full postal address of your bank or building society:

Name _____

Address _____

Postcode _____

Instruction to your bank or building society to pay via Direct Debit



Originator's identification number | 6 | 5 | 6 | 8 | 4 | 0 |

Please pay the Design Museum Direct Debits from the account detailed in this instruction subject to the safeguards assured by the Direct Debit Guarantee. I understand that this instruction may remain with the Design Museum and, if so, details will be pass electronically to my bank/building society.

Signature _____ Date _____

Banks and building societies may not accept Direct Debit instructions from some types of account.

Please fill in the whole form and return it to:

**Membership
Design Museum
Freepost LON 1220
Shad Thames
London SE1 2BR**

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Reference: DD (for museum use only)