|  |  |  |  |
| --- | --- | --- | --- |
| **Adopter details** | | | |
| First Name |  | | |
| Last Name |  | | |
| Mobile phone |  | Work Phone |  |
| Email |  | | |
|  | | | |
| Type of Membership, please tick most appropriate: |  | | |
|  | Individual | | |
|  | Group | | |
|  | Major Donor | | |
| Which collection do you wish to adopt: |  | | |
|  |  | | |
| For how long do you wish to adopt this collection: |  | | |
| One year |  | | |
| Two years |  | | |