

**Copeland Resident Pass**

**Application Form**

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| --- |
| First Name |
| Surname |

|  |
| --- |
| Address  Postcode |
| Email: |

Please circle below the age group which applies to you

ADULT 16-25 26-35 36-45 46-55 56+

CHILD 5-10 10-16

Do you give permission for the Beacon Museum to include you in the bi-monthly newsletter promoting events, offers and exhibitions? Your details will remain confidential and will only be retained for as long as you are a member. You may unsubscribe at any time.

Yes No

Official Only

Card No. Expiry Date Staff Member