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**Application Form for Membership of Horniman Museum and Gardens Access Advisory Group**

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| --- | --- |
| First name |  |
| Surname |  |
| Contact address |  |
| Telephone number (daytime) |  |
| Telephone number (home, if different) |  |
| Email address |  |

Tell us how your background and experience fits the criteria stated in the advert and why you would like to be a member of the Access Advisory Group. Please continue on a separate sheet if necessary.

I declare the above information is correct.

Signed………………………………………… Date………………………………………..