



# Membership Form 2017

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**The SSAH is a recognised Scottish Charity**, no. SC 035621. This means that we are eligible for Gift Aid. Using Gift Aid means that for every pound you give, we get an extra 28 pence from the Inland Revenue. So if you want your subscription to go further, Gift Aid it. Just tick the box below. It's that simple. For more information, see [www.ssah.org.uk](http://www.ssah.org.uk), or [www.inlandrevenue.gov.uk](http://www.inlandrevenue.gov.uk).

### Payment

Subscription renewals are due on 1 January 2017. Payment must be in sterling (£). Those paying by cheque should complete the form below and send it to the Membership Secretary. If you are interested in setting up a standing order with your bank, please note this on the form and request a Standing Order Mandate.

### Scottish Society for Art History Membership Rates

Single	£18
Joint	£25
Student (full-time)	£10
Overseas (outside EU)	£24
Institutional	£40

Please return the slip below to: **Liz Louis, Curator of Fine Art, c/o Central Library, Rosemount Viaduct, Aberdeen, AB25 1GW.** Email: [LLouis@aberdeencity.gov.uk](mailto:LLouis@aberdeencity.gov.uk)

I/We would like to pay by standing order **OR** enclose a cheque for £ ..... made payable to  
The Scottish Society for Art History as my/our subscription for the year beginning January 2017.

**Name(s)** .....

**Second Name (for Joint Memberships)**.....

**Address** .....

.....

**Tel.** ..... **Email** .....

❖ To help us maintain a profile of members, please circle one of these categories:  
Gallery/Museum University Art College School Student Dealer Other

❖ How did you hear about the society?.....

❖ **DATA PROTECTION ACT 1998** The personal details supplied on this form will be held by the SSAH for processing your membership and mailing you information about SSAH activities. Your details will be used only by the SSAH and will not be made available to any third party. I consent to my details being held for the above purposes.

❖ **Signature(s)** ..... **(Date)** .....

❖ I/We, who have given my/our name(s) and address above, and who have ticked the box below, want the above charity to reclaim tax on the donation detailed above. I/we understand that I/we must pay income tax or capital gains tax equal to the tax reclaimed by the charity on the donation. This declaration includes all donations I/we make in the future until I/we notify you otherwise.

**Gift Aid?**

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