



Ashfield U3A Membership Application Form

I wish to apply for membership of Ashfield U3A.

YOUR DETAILS

| | | |
|-----------------|-------------|-------------------|
| Title | Forename(s) | Surname |
| Address | | Postcode |
| Email ** | | |
| Home Telephone: | | Mobile Telephone: |

** To reduce costs, the committee and group coordinators will communicate with you by email where possible.

ANNUAL MEMBERSHIP FEES

Full £16.00 **Postal** £12.50 **Associate Full** £12.50 **Associate Postal** £9.00 **PLEASE CIRCLE**

These fees include a £3.50 membership fee paid to our national organisation, the Third Age Trust, which provides a range of services and benefits including liability insurance.

If an Associate Member of which U3A are you a full member? _____

Associate Members will have already paid a £3.50 membership fee to the Third Age Trust.

TERMS AND CONDITIONS OF MEMBERSHIP

All members must:

- Abide by the Principles of the U3A movement.
- Always act in the best interests of the U3A and never do anything to bring the U3A into disrepute.
- Abide by the terms and conditions of the constitution.
- Treat fellow members with respect and courtesy at all times.
- Comply with and support the decisions of the elected committee.
- Advise the membership secretary of any change in your personal details.

Photographs – Photographs may be taken as a matter of record at U3A events and may be published in newsletters or on the website. By joining Ashfield U3A I confirm my consent to these arrangements for photographs.

I apply for membership of Ashfield U3A and confirm that I will abide by the terms of membership as stated above.

I enclose the membership fee of £_____ Please make cheques payable to "Ashfield U3A".

Payment by BACS is available, please enquire for details.

Signature:- _____

Date:- _____

Optional: Please supply the names and telephone numbers of two people who can act as emergency contacts, in the order in which they should be contacted:

Contact 1:

Name: _____ Telephone: _____ Mobile: _____

Contact 2:

Name: _____ Telephone: _____ Mobile: _____

PLEASE TURN OVER

PLEASE COMPLETE ALL SECTIONS OF THESE FORMS

Do you wish to register for Gift Aid? Yes / No If Yes, please complete and sign the form below.

GIFT AID DECLARATION

Name of charity: - Ashfield U3A

Please treat all gifts of money that I make today and in the future as Gift Aid donations.

This form is to be completed by UK taxpayers only. You must pay an amount of Income Tax and/or Capital Gains Tax for the current tax year that is at least equal to the total amount of tax that the charities or Community Amateur Sports Clubs will reclaim on your gifts for that tax year.

Please tick here to indicate that you have read this declaration

Donor's details:

Title _____ Initial(s) _____ Surname _____

Home address _____

Postcode _____

Signature _____ Date _____

Please notify Ashfield U3A if you:

- Want to cancel this declaration
- Change your name or home address
- No longer pay sufficient tax on your income and/or capital gains.

Tax claimed by Ashfield U3A:

Ashfield U3A will reclaim 25p of tax on every £1 you give.

If you pay Income Tax at the higher rate, you must include all your Gift Aid donations on your Self Assessment tax return or ask HMRC to adjust your tax code.

PRIVACY STATEMENT

Please tick the box below to give us permission to use the information you have supplied in the following ways:

- To store it securely for membership purposes.
- To communicate with you as a U3A member.
- To share with group leaders for those groups that you are a member of.
- To send you general information about the Third Age Trust (the national organisation to which U3As are affiliated).

I consent to my data being used for membership purposes as detailed above.

The Third Age Matters magazine is a direct cost to Ashfield U3A – do you wish to continue receiving it?

If so, please tick the box.

Do you wish to be added to the direct mailing list for the Third Age Trust publications, which are a third party. If so, please tick the box below:

I consent to my data being shared with the company who oversee the distribution of the Trust publications.

Signature:- _____

Please be advised that you can request for your data not to be used for any of these purposes at any time by contacting:-
The Membership Secretary, email:- memsecau3a@gmail.com tel: 01623 428585

PLEASE CHECK THAT YOU HAVE COMPLETED ALL SECTIONS OF THESE FORMS