

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 redupossible.	uce costs, the committee	and group coordinators will comm	unicate with you by email where	
ANNUAL I	MEMBERSHIP FEES			
Full £20.0		sociate Full £17.00 Associate Pos		
	Email member £9.00		OF MEMBERSHIP REQUIRED	
		•	paid to our national organisation, the	
_		ange of services and benefits includ	ling liability insurance.	
		Ba are you a full member?		
Associate	Members will have alread	dy paid a £3.50 membership fee to	the Third Age Trust.	
TERMS A	AND CONDITIONS OF	<u>MEMBERSHIP</u>		
All member	ers must:			
 Ab 	ide by the Principles of th	ie u3a movement.		
• Alv	ways act in the best intere	ests of the u3a and never do anythi	ng to bring the u3a into disrepute.	
 Ab 	ide by the terms and con-	ditions of the constitution.		
• Tre	eat fellow members with	respect and courtesy at all times.		
		e decisions of the elected committe	ee.	
		retary of any change in your persor		
	•	e taken as a matter of record at u3a		
	= :	pining Ashfield u3a I confirm my co		
photograp	• •	Jiming 7 Similar and 1 Committing Co	miserie to triese arrangements for	
			the terms of membership as stated	
above.		ip fee of £Ple		
"Ashfield	u3a ". Payme	nt by BACS is available, details are	overleaf.	
Signatur	e:-	Da	te:	
		and telephone numbers of two peo	ople who can act as emergency	
,	in the order in which they	snould be contacted:		
Contact 1		Talland.	N. A. a. L. C.	
		ıeıephone:	Mobile:	
Contact 2		T .1	N 4 - 1-11 -	
Name: _		I elephone:	Mobile:	

Payment by BACS is to Ashfield Un Sort Code: 20-55-62 Account Numb Please use your surname and initial	er: 53953076	
Do you wish to register for Gift Aid?	Yes / No	If Yes, please complete and sign the form below.
	GIFT AID D	DECLARATION
Name of charity: - Ashfie	eld u3a	
Please treat all gifts of money that I	make today a	and in the future as Gift Aid donations.
	is at least equ	You must pay an amount of Income Tax and/or Capital all to the total amount of tax that the charities or ur gifts for that tax year.
Please tick here to indicate that you have	read this declar	ation
Donor's details:		
Title Initial(s) Surnam	ne	
Home address		
		Postcode
Signature		Date
Please notify Ashfield u3a if you:		
Want to cancel this declaration		
Change your name or home address	1/ 2(.)	Lasta
No longer pay sufficient tax on your incom	e and/or capital	gains.
Tax claimed by Ashfield u3a:		
Ashfield u3a will reclaim 25p of tax on eve	, , ,	
return or ask HMRC to adjust your tax cod	e.	ude all your Gift Aid donations on your Self Assessment tax
	PRIVACY	<u>STATEMENT</u>
 To store it securely for membershi To communicate with you as a me To share with group leaders for the 	ip purposes. ember. ose groups that about the Third a or membership	e information you have supplied in the following ways: t you are a member of in case of emergency. Age Trust (the national organisation to which u3as are purposes as detailed above.
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PLEASE CHECK THAT YOU HAVE COMPLETED ALL SECTIONS OF THESE FORMS

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:- memseca@gmail.com tel: 01623 428585