



# 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** £22.00    **Postal** £22.00    **Associate Full** £18.00    **Associate Postal** £18.00    **Email member** £14.00  
**Associate Email member** £10.00    **PLEASE CIRCLE YOUR TYPE OF MEMBERSHIP REQUIRED**

Full, Postal and Email member's fees include a 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 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, details are overleaf.**

**Signature:-** \_\_\_\_\_

**Date:-** \_\_\_\_\_

**Emergency Contacts:** 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**

Payment by BACS is to Ashfield University of the Third Age.  
Sort Code: 20-55-62 Account Number: 53953076  
Please use your surname and initials to identify your payment.

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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.

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### **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 member.
- To share with group leaders for those groups that you are a member of in case of emergency.
- 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.

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:- [memseca@gmail.com](mailto:memseca@gmail.com) tel: 01623 428585

**PLEASE CHECK THAT YOU HAVE COMPLETED ALL SECTIONS OF THESE FORMS**