

2024-2025 Membership Renewal



Subscriptions for the coming year are now due and must be paid by 29th February 2024

Please complete both sides of the form below and send to: The Membership Secretary, Ashfield u3a, 34 Kings Stand, Mansfield, Notts, NG18 4AY. Payment may be by cheque made payable to Ashfield u3a with the form, or by BACS to Ashfield University of the Third Age – Sort code 20-55-62, Account Number 53953076. Please use your surname and initials as reference.

MEMBERS DETAILS

Title	Forename(s)	Surname
Address		
Postcode		
Email **		
Home Tele	phone	Mobile Telephone
** To redu	uce costs, the committee	and group coordinators will communicate with you by email where possible.
ANNUAL	MEMBERSHIP FEES fo	the year 2024-2025
		ciate Full £17.00 Associate Postal£17.00 Email Member £12.00
	e Email member £9.00	
If an Asso	ciate Member of whic	n u3a are you a full member?
Associate	e Members will have all	ready paid a £3.50 membership fee to the Third Age Trust.
	ND CONDITIONS OF M	<u>EMBERSHIP</u>
	pers must:	
	bide by the Principles o	
		terests of the u3a and never do anything to bring the u3a into disrepute. conditions of the constitution.
● Tr	reat fellow members w	ith respect and courtesy at all times.
• Co	omply with and suppor	t the decisions of the elected committee.
• A	dvise the membership	secretary of any change in your personal details.
_	ers or on the website. I	y be taken as a matter of record at u3a events and may be published in By joining Ashfield u3a I confirm my consent to these arrangements for
I apply to as stated	<u>-</u>	p of Ashfield u3a and confirm that I will abide by the terms of membership
Signature	e:	Date:-
Would yo	ou be interested in the	future in becoming a committee member? Yes / No

Yes / No

Would you be interested in helping in any other way? eg, interval refreshments, book stall, meet and greet.

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.				
		If Yes, please complete and sign the form below.		
	GIFT AID I	DECLARATION		
Name of charity: - Ashfie	ld u3a			
Please treat all gifts of money that I	make today	and in the future as Gift Aid donations.		
	is at least eq	You must pay an amount of Income Tax and/or Capital ual to the total amount of tax that the charities or ur gifts for that tax year.		
Please tick here to indicate that you have it	read this decla	ration		
Donor's details:				
Title Initial(s) Surnam	ne			
Home address				
		Postcode		
Signature				
Please notify Ashfield u3a if you: Want to pay sufficient tax on your income and/or ca		declaration Change your name or home address No longer		
Tax claimed by Ashfield u3a: Ashfield u3	Ba will reclaim	25p of tax on every £1 you give.		
return or ask HMRC to adjust your tax cod	e.	elude all your Gift Aid donations on your Self Assessment tax		
		STATEMENT		
 To store it securely for membershi To communicate with you as au3a To share with group leaders for the 	p purposes. I member. Ose groups that Ibout the Third	the information you have supplied in the following ways: at you are a member of in case of emergency. Age Trust (the national organisation to which u3as are purposes as detailed above.		

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