



2026-2027 Membership Renewal

Subscriptions for the coming year are now due and must be paid
by **28th February 2026**

u3a
Ashfield

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 Telephone | Mobile Telephone | |

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

ANNUAL MEMBERSHIP FEES for the year 2026-2027

**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**

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 to renew my membership of Ashfield u3a and confirm that I will abide by the terms of membership as stated above.

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: _____

Would you be interested in the future in becoming a committee member? Yes / No

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

Yes / No

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.

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 au3a 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:- memsecau3a@gmail.com tel: 01623 428585

PLEASE CHECK THAT YOU HAVE COMPLETED ALL SECTIONS OF THESE FORMS