

ALCESTER u3a MEMBERSHIP APPLICATION

PLEASE COMPLETE ALL SECTIONS ON BOTH SIDES OF THIS FORM.

YOUR DETAILS (Please PRINT clearly)

Title:	Full Name:	Known as:
Email**	Home Telephone	Mobile
Address		
Postcode		

****To reduce costs, the committee will communicate with you via email where possible.**

In case of emergency contact

Name	Relationship	Telephone

MEMBERSHIP FEES (*Variable according to when you join in our financial year, which is Jan - Dec.*)

NEW APPLICANTS: (Please tick in which quarter you join us)

Jan-Mar £16__ Apr-Jun £12 __ July-Sep £8 __ Oct-Dec £4 __

(In addition to our 12 monthly meetings and newsletters, these fees include a membership fee paid to our National Organisation, the Third Age Trust, which provides a wide range of services and benefits, including liability insurance cover and five "u3a Matters" Magazines per annum.)

MEMBERS OF OTHER u3a GROUPS: (Please tick in which quarter you join us)

Jan-Mar £16__ Apr-Jun £12 __ July-Sep £8 __ Oct-Dec £4 __

(This fee does not include the payment to the Third Age Trust, or the "u3a Matters" magazines.)

Name of Home u3a _____

Please indicate how you wish to pay your membership subscription:

- By cash at our General Meeting (in an envelope with your name on please.)
- By cheque payable to "The Alcester u3a".
- By Bank Transfer: **Account name:** The Alcester u3a
Sort Code 08 92 99 **Account No.** 67268429 **Ref:** your name/subs.

Alcester u3a is registered for the Gift Aid Scheme. If you would like us to claim, please complete the attached declaration.

How did you hear about Alcester u3a?

P.T.O.

PLEASE READ THE FOLLOWING INFORMATION BEFORE SIGNING.

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 committee of any change in your personal details.
- Abide by the Member Code of Conduct

PRIVACY STATEMENT

Alcester u3a requires members to provide their personal information so that they can be kept informed about events and activities that are offered as part of their membership. In collecting your information Alcester u3a will:

- ❖ Store it securely;
- ❖ Use it to communicate with you as a u3a Member;
- ❖ Share your information with the Leaders of Groups of which you are a member;
- ❖ Send you general information about the Third Age Trust (this is the national office to which all u3as are affiliated).

Please be advised that, by contacting the Membership Secretary, Mrs Lyn Pickering at the monthly meeting or by emailing membership.u3aalcester@gmail.com, you can ask at any time:

- *to view your stored personal data*
- *for your data not to be used for the direct postal mailing of “u3a Matters” magazines*

Photographs: Please note that photographs are sometimes taken during u3a activities, which may be displayed on our website or in our monthly newsletter; if you do not wish your photograph to be taken, please advise the photographer.

By signing this form, you give consent to be added to the direct mailing list for the free Third Age Trust magazines, “u3a Matters”, and your data will be shared with the company who oversee the distribution of the Magazines. **IF YOU DO NOT AGREE, please tick here _____**

I apply for membership of Alcester u3a and confirm that I will abide by the terms of membership as stated above. I confirm that I have completed the form myself or have been assisted to do so. I will make full payment of fees due as soon as is reasonably practicable.

Signed

Dated

Please hand this completed form, together with your payment, if applicable, to the Membership Secretary at the monthly meeting, or send by post to: Mrs L Pickering, 102 Jackson Place, Fields Park Drive, Alcester, B49 6GR.

GIFT AID DECLARATION

Please treat all gifts of money that I made today and in the future as GIFT AID donations.

Donor details:

Title: **First Name(s)**

Surname

Home address:

.....

Postcode

Signature: **Date:**

NB: You must pay an amount of Income Tax and/or Capital Gains Tax for each tax year (6th April one year to 5th April the next year) that is at least equal to the amount of tax that the Charity will reclaim on your gifts for that tax year.

PLEASE NOTIFY THE TREASURER IF YOU:

1. Want to cancel this declaration.
2. Change your name or home address.
3. No longer pay sufficient tax on your income and/or Capital Gains.

The Charity 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 if you want to receive the additional tax relief due to you.