

WEST WOLDS u3a MEMBERSHIP APPLICATION



Please tick box below for New Member or Renewal, for new members leave Membership Number blank

New Member		Renewal	
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Person 1

Title:	Forename:	Surname:
Address:		Postcode:

Membership Number:	Telephone No:
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Mobile No:	Email:
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Person 2 (a couple living at the same address can apply for Joint Membership)

Title:	Forename:	Surname:
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Membership Number:	
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Mobile No:	Email:
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West Wolds u3a want our meetings to be as accessible as possible. If you need assistance to attend General Meetings or Interest Groups, please tick here and we will contact you to discuss how we can help.

Emergency Contact

Name:	Telephone No:
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Associate Membership (if you are a member of another u3a, you can apply for Associate Membership)

If you pay full membership subscription to another u3a, you can join West Wolds u3a at a reduced fee.	<i>I pay full membership subscription to:</i>
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Privacy statement

We will use the information you have supplied in the following ways:

To store it securely for membership purposes.	To communicate with you as a u3a member.
To share with group leaders for those groups that you are a member of.	To share with organisers of u3a visits and events that you are taking part in.
To send you general information about the Third Age Trust.	To share with the company who oversee distribution of the Trust magazines.

I consent to my data being used for membership purposes as detailed above.

Signature – Person 1:	Signature – Person 2:
Date:	Date:

I wish to opt out of any photos including my image being used by the West Wolds u3a for advertising, Website and Social Media, please tick box and sign below

Signature – Person 1:		Signature – Person 2:	
Date:		Date:	

Please turn over for further information

Publications

As a member of the u3a, you are entitled to receive copies of the Third Age Trust's publications, which will be posted to your home address.

Third Age Matters is published 5 times a year with news from the Third Age Trust and from other u3as and their members around the country.

West Wolds u3a publishes a Quarterly Newsletter with information about our own organisation and activities. Copies can be collected at our monthly General Meetings, or through Interest Group Coordinators.

Subscription rates

West Wolds u3a's membership year runs from 1st September to 31st August.

New members joining before 31st May are required to pay the full subscription fee.

New members joining during June, July & August will receive membership until 31st August of the following year.

Full membership	£17.00
Joint membership (for couples living at the same address)	£31.50
Associate membership (if you pay a full membership subscription to another u3a)	£11.00

Door Entry at Monthly General Meetings

There is an entry fee of 50p to attend our monthly General Meetings. This is a contribution towards the costs of running these meetings, where members can find out about our Interest Groups, sign up for visits, one-off events and walks, listen to a range of Speakers, and enjoy refreshments while chatting to other members.

Payment Details:

- I will be paying via Online payment (BACS) to Lloyds Bank; a/c **The West Wolds University of the Third Age** (Sort code 30-96-09, account No 71220968) **OR**
- I enclose a cheque (payable to **West Wolds u3a**) for Full, Joint or Associate membership as above **OR**
- I have completed the Standing Order form on the next sheet and submitted it to my bank, this is only necessary if you wish to set up a Standing Order to pay every year **OR**
- I will pay with cash at a General Meeting

(Delete above where appropriate).

For renewals, please quote your Membership Number in payment (contact Jane Guy 07971 277482 or membership@westwoldsu3a.org for this number if you have mislaid it.) For new members please ignore this.

Signed:Date:

Charity Gift Aid Declaration

West Wolds u3a is a Registered Charity (No.1149555). If you are a UK taxpayer we can reclaim 25% of your membership subscription from HMRC. Please sign below to give us permission to reclaim Gift Aid on your subscription.

I am a UK taxpayer and understand that if I pay less Income Tax and/or Capital Gains Tax in the current tax year than the amount of Gift Aid claimed on all my donations it is my responsibility to pay any difference.

Signature – Person 1

Signature – Person 2

Please notify the charity 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. If you pay Income Tax at the higher or additional rate and want to receive the additional tax relief due to you, you must include all your Gift Aid donations on your Self-Assessment tax return or ask HM Revenue and Customs to adjust your tax code.

Please return the whole form when it is completed or post to Jane Guy at 14 Jubilee Ave., Faldingworth, Nr. Market Rasen, LN8 3FF

For internal use:	
Date Received:	Date Paid:

For further information	
please visit our website:	www.westwoldsu3a.org
or contact:	chairman@westwoldsu3a.org

How to notify us of any changes
If you want to notify us of any changes to your details, or to withdraw permission for us to store and use your data in the ways described overleaf, please contact the Membership Secretary: Mrs. Jane Guy Email: membership@westwoldsu3a.org Or by Postal address: 14 Jubilee Avenue, Faldingworth, Market Rasen, LN8 3FF

Only if you wish to Set up a Standing Order please fill in section below, cut off and submit it to your bank.

Instructions to Bank/Building Society for Standing Order

Name and Address of Bank, or Building Society:

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Sort Code:

Please pay to Lloyds Bank plc, sort code 30-96-09 the sum of £..... NOW, and thereafter the sum of £..... on the 1st of September of the following year annually, for the credit of Account No: 71220968 in the name of **The West Wolds University of the Third Age**.

This supersedes all previous mandates.

For renewals only, please quote your Membership Number in payment (contact Jane Guy 07971 277482 or membership@westwoldsu3a.org for this number if you have mislaid it.) For new members leave blank.

u3a Membership Number(s).....

Account Name: Account Number:

Account Holder's Signature: Date:

