APPLICATION FOR MEMBERSHIP OF BISHOP'S STORTFORD U3A

REGISTERED CHARITY NUMBER 1132055

Our Membership Year runs from April to March. The annual Membership Subscription is £15 per person between April and September, and £8 per person between October and March. Cheques should be made payable to 'Bishop's Stortford U3A'. When completed, this Form together with payment and a self-addressed stamped envelope should be sent to the Membership Secretary:-Mrs Kath Hird, 5 Pishiobury Drive, Sawbridgeworth, Herts CM21 0AD

BLOCK CAPITALS PLEASE

Title: Mr/Mrs/Ms/Miss/Dr	Surname:
First Name:	Known As:
E-mail address: (please print)	
· · ·	It most cost-effective way for us to contact our membership. Giving us you agree to its use for internal purposes within the Bishop's Privacy Policy (attached).
Telephone No: (Landline)	(Mobile)
	t if anything happens to you while you are participating in a U3A e acceptable. ICE details are included on your Membership Card
Postal Address: (your own)	
	Post Code:
Present/Former Occupation (option	onal):
 designed to give people control over We are required to get your specific complete the following sections I consent to my postal address information related to the Bissel I consent to my postal address distributers, for the purposes 	lation (effective from May 2018) identifies 8 data protection principles the retention, accuracy, use and safe-guarding of their personal data econsent for certain uses of your data. Against this background please as being given to a third party for the purposes of distributing shop's Stortford U3A (e.g. the Magazine) Yes/No as being notified to the Third Age Trust, and in turn their direct mail of sending you their magazines Yes/No Yes/No
SIGNATURE	DATE
Office Use Application rec'd Paymen	nt Membership No. Card issued

	Date	Cheque	Cash	Bank Transfer	Date	Cheque	Cash	Bank Transfer	
Joined									
Renewed									