

Membership Number:
(for office use only)

Broomfield & District u3a Membership Application

1st September **2023** to 31st August **2024**

YOUR DETAILS

Title:

First name:

Preferred name, if different from above:

(eg Tony rather than Anthony)

Surname:

Address:

.....

Postcode:

Telephone: **Mobile phone:**

Email*:

If possible, please give a contact number for use in emergencies:

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

MEMBERSHIP FEES & PAYMENT

For full members the fee is £15.00

This includes a fee paid to our national organisation, the Third Age Trust, which provides a wide range of services and benefits, including liability insurance cover.

Are you a member of another u3a? **YES / NO**. If Yes, then which

If you pay the full subscription to them, then your subscription to us is **£10.00** but please produce a current membership card for that u3a (to satisfy the terms of the Third Age Trust's Liability Insurance Cover).

Do you want a printed version of our monthly Newsletter? **YES / NO**

If Yes, then there is an **additional charge of £15.00**, to cover this cost.

Please select your method of payment: **CASH / CHEQUE / BACS TRANSFER**

Cheques should be made payable to "Broomfield & District u3a"

For BACS transfer, please use Sort Code 08-92-99, Account Number 65564484

Please use your full name (+ your membership number, if known) for payment reference

(Your membership number will be on your old membership card.)

If you are a new member, please use 000 as the number.)

THIRD AGE MATTERS

Would you like to receive the 'Third Age Matters' magazine and consent to your data

being shared with the distribution company of the Trust Magazine? Please select **YES / NO**

If you later decide to change this, then please contact the Membership Secretary of Broomfield & District u3a at peterradford799@btinternet.com or 01245 262328.

Please turn over

PHOTOGRAPHS

We need your consent to use photographs or other images of members, usually in group activities, for use in our Newsletter, u3a publications and on our website. Individuals in photographs will **NOT** be named unless express permission has been obtained in each case.

Do you give your consent?

Please select **YES / NO**

If you do **not consent** to the use of your image, you must make it clear to the group co-ordinator as well as the photographer and take all reasonable steps to ensure that you are not in any of the photographs.

IT WOULD HELP US TO KNOW

Those of our u3a's groups that you are currently a member of:

Those activities that you would like to join or would be interested in leading:

If you require a Carer/Companion to accompany you to the U3A activities please give the name of Carer/Companion:

GIFT AID DECLARATION

If you have not previously made a Gift Aid Declaration to Broomfield & District u3a, you may now wish to do so. Let us know and we will supply you with a Gift Aid form.

PRIVACY STATEMENT

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

- Store it securely
- Use it to communicate with you as a u3a member
- Share your information with group leaders/conveners for those groups that you are a member of
- Send you general information about the Third Age Trust, who are the national office to which all u3as are affiliated.

TERMS AND CONDITIONS OF MEMBERSHIP (<https://www.u3a.org.uk>)

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.

I apply for membership of Broomfield & District u3a and confirm that I will abide by the terms of membership as stated above. I will make full payment of fees due.

Signed.....**Date**.....