

Burton-on-Trent u3a
RECIPROCAL MEMBER

Name: _____

Address: _____

Telephone Number: _____

Email: _____

Home u3a: _____

Membership Number: _____

Renewal Date of Home u3a: _____

GDPR: To allow your details to be shared within Burton u3a, please tick box

Signature: _____ **Date:** _____

Home membership checked

Current reciprocal member attending following groups: _____

Please return completed form to the Interest Groups Secretary, who will add them to your Beacon list

March 2024