**Membership application**

Please complete a separate form for each person

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Title** | | | |  |  | | **Surname** | | |  | | | |
| **First names** | | | |  | | | | | | **Known as** |  | | |
| **Address** | | | |  | | | | | | | | | |
| **Post code** | | | |  | | | | | | | | | |
| **Home phone** | | | |  | | | | **Mobile** | |  | | | |
| **Email address** (**Important:** where possible all communication with you will be by email | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |
| If you share an address with a spouse/partner who is already a member or who is joining with you, please give details below | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |
| If you are already a FULL member of another u3a please give details below including your membership number and you can join Caves u3a as an Associate member at a reduced subscription (see accompanying information) | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |
| **Gift Aid -** We would be grateful if those who are UK taxpayers would sign the following declaration which will allow us to reclaim tax you have paid on the amount of your subscription. If you are filling in this form electronically you may type your name where it asks for your signature | | | | | | | | | | | | | |
| I am a UK taxpayer and want Caves u3a to claim gift aid on my subscriptions until I notify you otherwise | | | | | | | | | | | | | |
| **Signed** |  | | | | | | | | | | **Date** |  | |
| May we use **photographs**, which include you, taken at u3a activities, to be used in publicity or on our website? | | | | | | | | | | | | |  |
| Do you wish to receive the national magazine of u3a (**Third Age Matters**) and for your details to be shared with the company which deals with its direct mailing? | | | | | | | | | | | | |  |
| **Payment:** and payment method (cheque, cash or bank transfer (please give date) | | | | | | | | | | | | | |
| **Amount** | | |  | | | **Payment method** | | |  | | | | |
| I consent to my data being used for membership purposes as set out in our privacy statement | | | | | | | | | | | | | |
| **Signed** | |  | | | | | | | | | **Date** |  | |
| **Please return completed form to: Chris Edwards, 6 The Parklands, South Cave, Brough HU15 2EL**  **Or by email to: membership.cavesu3a@gmail.com**  **For office use**  **Payment Beacon updated** | | | | | | | | | | | | | |