



Chelmsford Membership Application
Form 1st March to 28th February

There are 2 types of membership, full and affiliated. Affiliated membership is open to full members of other U3As. Part-year membership is available for those joining on or after 1st October, one fee for all.

- Full Member (£12) Member No
- Affiliated member (£8) for those Parent U3A/Membership No.
that are full members of another U3A
- Part-Year (£7.50) Bank transfer..... Cheque..... Cash.....

Payment can be made by bank transfer (**preferred method especially during Covid restrictions**)
 Bank Details: U3A Chelmsford. Sort Code 40-10-27 Account No 41153684 Reference; Your Name and NM for new Members. Please send the form to the address below.

Please make cheque payable to 'U3A Chelmsford', and send with completed form to the Membership Secretary, 80 Molrams Lane, Great Baddow, CM2 7AJ

Title.....Forename.....Surname.....
 Email Address.....
 Postal Address.....
 Post Code..... Telephone.....

PRIVACY STATEMENT

We undertake to keep your data secure and not to pass it on to any outside organisation except to fulfil our obligations to you as a member. We will use your data only for the following purposes:

Please tick the box if you agree to us using your data for the following purposes:

- To send you official communications as a member of Chelmsford u3a.
- To enable Chelmsford u3a committee members to carry out their duties.
- To share with the leaders of Special Interest Groups that you join.
- To share with the companies who oversee the distribution of the Third Age Trust magazines- Third Age Matters, Sources and Chelmsford u3a Newsletter.

Signature..... Date.....

Charity Gift Aid Declaration

Charity No. 1027234

I wish to Gift Aid my Subscription of £..... I would like Chelmsford U3A to reclaim the tax on this and any other eligible donations or membership subscriptions that I may make in the future until further notice. I understand that I need to pay enough Income Tax or Capital Gains Tax in each tax year to cover the Gift Aid claimed on all my donations to charity, otherwise it is my responsibility to pay any difference.

Title Forename..... Surname Membership No -
 Address..... Post Code.....
 Signature..... Date

Please notify the Membership Secretary if you want to cancel this declaration.