**Flitwick & District u3a**

**Registered Charity Number 1168040**

**Membership Application**

**The completed form should be returned to:**

**Membership Secretary, 2 Wilson Close, Shillington, Beds, SG5 3PN**

**YOUR DETAILS**

|  |  |  |
| --- | --- | --- |
| Title | Name |  |
| Address | |  |
|  | | Postcode |
| Home Phone | | Mobile Phone |
| Emergency Contact Name | | Phone  Preferably Mobile |
| Your Email address | | |
| **Do you wish to receive our Newsletter:** by E-mail by post /at meeting Neither | | |
| **Do wish to receive the Head Office U3A magazine ‘Third Age Matters’?** Yes No  By answering ‘Yes’ you also consent to your name and address being shared with the company who oversee the distribution of the Trust Magazines including Third Age Matters, so they can post it to you. | | |

**MEMBERSHIP FEES:****Please pay under Gift Aid if you pay income tax – see form overleaf**

|  |  |  |
| --- | --- | --- |
| Annual Subscription for the year ending 28 February 2025 is £10.00, which includes a £4.00 membership fee paid to our national organisation, the Third Age Trust which provides a wide range of services and benefits, including liability insurance cover.  *If you are a member of another U3A and pay them the full fee you only need pay us £6.00.*  *Name of other U3A:* | | |
| ⬜ **Bank transfer** to 20 -05-74 A/c No **00784761** Please include a reference which should be NEW followed by the initial of your first name and the first three letters of your surname - eg Fiona Brown member would use a reference **NEWFBro**. | ⬜ **Cash** | ⬜ **Cheque** payable to  Flitwick & District U3A |

**TERMS AND CONDITIONS OF MEMBERSHIP**

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 Flitwick& District U3A and confirm that I will abide by the terms of membership as stated above. I confirm that I have completed the form myself. I will make full payment of fees due as soon as is reasonably practicable. | |
| **Signed** | **Dated** |

**Please Turn Over**

**PRIVACY STATEMENT**

Flitwick & District U3A processes member information so that we can keep you informed about events, groups and activities as part of your membership. Flitwick & District U3A’s lawful basis for collecting this information is legitimate interest. In processing your information Flitwick & 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.
* Give your name and membership number to the company that prints that information on our membership cards.
* Give your name and address to the company that distributes the Third Age Trust\* Magazines, if you have elected to receive Third Age Matters.
* Send you general information about the Third Age Trust\*

\*The Third Age Trust are the umbrella organisation to which all U3As are affiliated.

Please be advised that you can request for your data not to be used for any of these purposes at any time by contacting us:

Email: info@Flitwick&Districtu3a.org.uk

Telephone: 01462 713897mobile 07817 249220

**How did you find out about our u3a?**

*please tick which applies*

* From a friend/relative ⬜
* From an advert ⬜
* From a website ⬜
* From an event you attended ⬜

# Charity Gift Aid Declaration – multiple donation

# *Your Annual Membership Fee is treated as a donation for Gift Aid.*

Boost your donation by 25p of Gift Aid for every £1 you donate. Gift Aid is reclaimed by the charity from the tax you pay for the current tax year. Your address is needed to identify you as a current UK taxpayer.

In order to Gift Aid your donation you must tick the box below:

# I want to Gift Aid my donation of £10.00 and any donations I make in the future or have made in the past 4 years to: Flitwick & District U3A

# 

# I am a UK taxpayer and understand that if I pay less Income Tax and/or Capital Gains Tax than the amount of Gift Aid claimed on all my donations in that tax year it is my responsibility to pay any difference.

# 

# Title \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ First name or initial(s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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# Surname \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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# Full Home address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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# Postcode \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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# Please notify Flitwick & District U3A if you:

# want to cancel this declaration

# change your name or home address

# no longer pay sufficient tax on your income and/or capital gains

# 

# If you pay Income Tax at the higher or additional rate and want to receive the additional tax relief due to you, you must include all your Gift Aid donations on your Self-Assessment tax return or ask HM Revenue and Customs to adjust your tax code.