

Lifelong Learning, Friendship and Fun

MEMBERSHIP APPLICATION FORM 2024/25 (one member per form)

Member: Title	Full Name:	Preferre	ea name:
Full address:			
Postcode:			
Contact telephone number(s):		Mobile:	
Email:			
Emergency contact:	Name:	Relationship:	Phone:
Fee: Full year (April 2	2024 – March 2025)) is £25.	
Payment made by	bank transfer \Box	cheque 🗌	cash 🗌
payment to Account r	name: Fordingbridge	n name as a referenc and District U3A, Sor end a cheque with this	t code: 54-30-45, Account
☐ I am a UK taxpaye	er and wish to Gift Aid	d my payment.	
(Please tick boxes belo purposes:	w) I consent to my d	ata being stored secur	rely for the following membership
	with me as a u3a mer f those groups of whi		e with group leaders and
For photographs i	ncluding myself bein	g reproduced for u3a	oublicity.
	address (but not my er national Third Age Tr		number) to be added to the mailing
I will abide by the prin membership as follow	•	vement and agree to t	he terms and conditions of
Abide by our uComply with, a	3a constitution and a nd support, the deci	and not bring the u3a always treat fellow mer sions of the elected co es to my personal det	mbers with respect and courtesy. mmittee.
Signed:		Date:	
D	email your complet onna Kerrigan at: send by post to:	ed membership forr finance.fadu3a 12 Antells, Alder	@gmail.com
Note:			
 This completed for 	rm will enable us to pay t	he £3.50 membership fee d	on your behalf to our national

will be unavailable for access until deletion under GDPR regulations. Our Privacy Policy and GDPR (data

Your information will be kept for administration on the u3a Beacon website while you are a member, thereafter it

organisation the Third Age Trust, which provides a wide range of services and benefits, including liability

protection rules) may be viewed on www.u3asites.org.uk/fordingbridge

insurance cover.

3. Discounts available to those on benefits. Please contact the Membership Secretary for details.