U3A MEMBERSHIP APPLICATION FORM FOR LEYBURN AND DISTRICT U3A

Full Name (PLEASE PRINT)   ……………………………………………………………………………… Mr, Mrs, Miss, Ms

Joint Member……….

Address………

…………………………………………………………………………………Postcode…………………………………………..

Landline…………………………………………………………   Mobile…………………………………………..

Emergency Contact No……………………………………………

Email Address ………………………@………………………………Email Address in Block Capitals …………………@ …………………………..
(We ask for your email in two formats to help us ensure we get it totally correct).

To save costs the committee and members will use email in order to contact you or inform you about events

SINGLE Membership £12.00 JOINT Membership £20.00 (Joint Membership is for 2 people who live at the same address). Membership from April 1st to March 31st Your subscription fee is included. This goes to the national organisation which provides a range of services, benefits, including liability insurance cover.

If you belong to another U3A the annual membership fee is reduced by the amount of the subscription fee. Please give

the name of the U3A …………………………………………………….and Membership Number…………………

Terms and Conditions of Membership.

All members must:

1. Abide by the Principles of the U3A movement.

2. Always act in the best interests of the U3A and never do anything to bring the U3A into disrepute.

3. Abide by the terms and conditions of the constitution.

4. Treat fellow members with respect and courtesy at all times.

5. Comply with and support the decisions of your elected committee.

6. Advise your committee of any change in personal details.

Payment should accompany this form and cheques made payable to "Leyburn and District U3A". (Please enclose a stamped addressed envelope if you need a membership card.) Information entered on this form will be used only for membership records, communication with you, administration and to share with group convenors. This will be held in a secure system. The lawful basis for collecting and storing your information is due to the contractual relationship that you, as a member, have with the U3A.

I consent to my data being used for membership purposes. [yes] [no]. [Please select]

I consent to my address going to the company who oversee the distribution of the Third Age Trust Magazine.[yes] [no] (please select)

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

 Signed……………………………………………………………………………………………….Date…………………………………

Joint member……………………………………………………………………………………Date……………………………

Form to be returned to Membership Secretary, **Sue Mellish 15 Olliver Road Richmond North Yorkshire DL10 5QA Telephone 01748 850471**