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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **MEMBERSHIP CLASS** | | | | **Please**  **✓** | | **Month of Joining:** | | | | | | **Which u3a do you also belong to?** | | | | **Your number with them?** | | |
| **May – Dec 2024** | | | **Jan – May 2025** | | |
| *Mark in* ***ONE*** *of the boxes below to choose your Membership Class.*  *See Page 1 of the Membership Information Sheet for an explanation of the Membership Classes.* | | | | | | | | | | | | | | | | | | |
| **INDIVIDUAL** | | | |  | | **£12** | | | **£8** | | |  | | | |  | | |
| **ASSOCIATE** | | | |  | | **£8.50** | | | **£8.50** | | |  | | | |  | | |
| **RECIPROCAL** | | | |  | | **£1** | | | **£1** | | |  | | | |  | | |
| **PERSONAL DETAILS (Member 1)** | | | | | | | | | | | | | | | | | | |
| Title | |  | | | Forename(s) | |  | | | | | | | Known As |  | | | |
| Surname | |  | | | | | | | | | | | | Mobile |  | | | |
| Email | |  | | | | | | | | | | | | | | | | |
| Emergency Contact (name and phone no.) | | | | | | | |  | | | | | | | | | | |
| Signed |  | | | | | | | | | I am a UK tax payer and wish the u3a to claim Gift Aid on my subscription. *Mark box if applicable.* | | | | | | | |  |
| **MEMBERSHIP CLASS** | | | | **Please**  **✓** | | **Month of Joining:** | | | | | | **Which u3a do you also belong to?** | | | | **Your number with them?** | | |
| **May – Dec 2024** | | | **Jan – May 2025** | | |
| *Mark in* ***ONE*** *of the boxes below to choose your Membership Class.*  *See Page 1 of the Membership Information Sheet for an explanation of the Membership Classes.* | | | | | | | | | | | | | | | | | | |
| **INDIVIDUAL** | | | |  | | **£12** | | | **£8** | | |  | | | |  | | |
| **ASSOCIATE** | | | |  | | **£8.50** | | | **£8.50** | | |  | | | |  | | |
| **RECIPROCAL** | | | |  | | **£1** | | | **£1** | | |  | | | |  | | |
| **PERSONAL DETAILS (Member 2)** *Must live at the same address as Member 1.* | | | | | | | | | | | | | | | | | | |
| Title | |  | | | Forename(s) | |  | | | | | | | Known As |  | | | |
| Surname | |  | | | | | | | | | | | | Mobile |  | | | |
| Email | |  | | | | | | | | | | | | | | | | |
| Emergency Contact (name and phone no.) | | | | | | | |  | | | | | | | | | | |
| Signed |  | | | | | | | | | I am a UK tax payer and wish the u3a to claim Gift Aid on my subscription. *Mark box if applicable.* | | | | | | | |  |
| **ADDRESS** | | | | | | | | | | | | | | | | | | |
| House Name/No. | | |  | | | | | | | | | | | | | | | |
| Street | | |  | | | | | | | | | | | | | | | |
| Address Line 1 | | |  | | | | | | | | | | | | | | | |
| Address Line 2 | | |  | | | | | | | | | | | | | | | |
| Town | | |  | | | | | | | | County | |  | | | | | |
| Postcode | | |  | | | | | | | | Landline | |  | | | | | |
| **The Bulletin,** which is sent at the end of each month, is the way that we keep in touch with our Members, giving information about things which may be of general interest like open meetings or trips. If you **DO NOT** wish to receive this, please put **NO** in the box to the right. You can change your mind at any time on 07510 634476. | | | | | | | | | | | | | | | | |  | |
| **Third Age Matters (TAM)** is the u3a Magazine which is published by the Third Age Trust. It is compiled from contributions by individuals or u3a’s, and other pieces of interest, and sent out 5 times per year. If you would like to receive it (one per household) please put **TAM** in the box to the right. There is no extra charge. | | | | | | | | | | | | | | | | |  | |

**TERMS AND CONDITIONS OF MEMBERSHIP and PRIVACY STATEMENT**

**By joining Lichfield u3a you are agreeing to abide by the Member Code of conduct printed on page 2 of the Membership Information Sheet that accompanies this form. It is also available on the Welcome pages of our website.**

**Members’ personal details are held on a secure database and are used solely for the purposes of administration and the communication of u3a matters. Lichfield u3a’s Privacy and Personal Data Management Policies together set out how it complies with its legal obligations to protect personal data. The policies are available to view and download from the Welcome page of the website or by contacting the information point through the contact details on the bottom of page 2 of this Application Form.**

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| **CONSENT** | | | | | |
| Please sign below to give us permission to hold and use the personal information you have supplied. You can change your preferences at any time by writing to or emailing the Membership Secretary, whose details are at the bottom of this form.  The personal information that we collect is stored securely and used:   * Internally, to share with committee members, group leaders, the Bulletin editor and system administrators as required, enabling them to communicate with you about your participation in our u3a. * To send you general information about the Third Age Trust, the national organization to which all u3a’s are affiliated, and about the regional u3a network. * If you choose to receive the Third Age Trust’s magazine – Third Age Matters (TAM) – to share your information with the company that oversees the distribution of the Trust’s magazine. * To share your information with any company recommended to us by the Trust to use for processing online payments on our behalf, if we, at some time in the future, give members the opportunity to pay their subscription using online services. | | | | | |
| **I consent to my data being held and used for the purposes outlined above. 🡻 Please put your name(s) here.** | | | | | |
| **Name (Member 1)** |  | | | | |
| **Name (Member 2)** |  | | | | |
| **u3a PUBLICITY** | | | | | |
| Photographs may be taken at u3a events and used on the u3a’s website and in other publicity materials. They may also be submitted to the Third Age Trust for use in its own publications and publicity.  Please mark the boxes below to indicate whether you are happy for images of you to be used in this way. If you do not want your images used please make the photographer aware and/or move out of shot when photographs are being taken.  You can change your preference at any time by writing to, or emailing, the Membership Secretary. | | | | | |
| **Name (Member 1)** |  | | | |  |
| **I consent / I do not consent** to images of me being used on the Lichfield u3a and Third Age Trust websites and publications. | | | | | **Delete as appropriate** |
| **Name (Member 2)** |  | | | |  |
| **I consent / I do not consent** to images of me being used on the Lichfield u3a and Third Age Trust websites and publications. | | | | | **Delete as appropriate** |
|  | | | | | |
| **PLEASE SIGN BELOW. BOTH SIGNATURES ARE REQUIRED WHERE APPLICATION IS FOR TWO MEMBERS.** | | | | | |
| **SIGNATURE(S)** (**Delete where and as appropriate)**   * I/We apply to join Lichfield u3a and confirm that I/we will abide by the terms of membership as stated on Page 1 of this form. * I/We confirm that I/we have completed this form myself/ourselves. * I/We have sent **£\_\_\_\_\_** ina cheque made payable to Lichfield u3a **OR**   paid by internet banking on ………………………………………… | | | | **Admin Use Only**  **Checked By:**  **Date:** | |
| Signed (Member 1) |  | Date |  |
| Signed (Member 2) |  | Date |  |

Admin use only: Email Address Publicity Printed card Y/N

**PLEASE RETURN BY EMAIL TO:** [**lichfieldu3a@gmail.com**](mailto:lichfieldu3a@gmail.com)

**OR BY POST TO: Lichfield u3a, PO Box 7477, BURNTWOOD, WS14 4LZ**