

Littleborough U3A

Reciprocal Membership Form

For use by members of Todmorden U3A



Please use Block Capitals

Title:	Name:
<hr/>	
Address:	
<hr/>	
Post Code:	
<hr/>	
Telephone Landline:	Mobile:
<hr/>	
Email:	
<hr/>	
Todmorden Membership Number:	
(Littleborough U3A reserves the right to confirm membership)	

Emergency Contact Name:	
<hr/>	
Relationship to member:	
<hr/>	
Telephone Landline:	Mobile:
<hr/>	

Littleborough Group(s) joined:
<hr/>

By completing this document, I confirm that I am a current member of Todmorden U3A and abide by the Terms and Conditions of said membership.

I also give my consent to Littleborough U3A for my details to be held in a secure computer system for administrative purposes to be used by the Group Convenor(s) and Membership Secretary for the duration of my membership of any Group(s).

I understand that my attendance at any Group(s) is dependent on my continued membership of Todmorden U3A.

I confirm that I have obtained the permission of my Emergency Contact to provide Littleborough U3A with their details.

SIGNED: _____ DATE: _____

Littleborough U3A confirm that your rights under their Privacy and Data protection policy will be adhered to. These policies are available to view on our website

<https://u3asites.org.uk/littleborough/page/74958>

Please return this completed application form to: -The Membership Secretary via

- your Group Convenor
- by email (scanned signed forms only) membership.littleboroughu3a@gmail.com

Office use only: No.	Date:
----------------------	-------