MELTON MOWBRAY u3a MEMBERSHIP <u>APPLICATION</u> FORM FOR <u>2024</u>

Details: Member 1 Details: Member 2

Title: Surname:	Title: Surname:				
Forename:	Forename:				
Address:	Address:				
Post Code:	Post Code:				
Email:	Email:				
Telephone Number:	Telephone Number:				
Membership Number: (Office use)	Membership Number: (Office use)				
Membership runs from 1 st January 2024 to 31 st Decembership					
The Melton Mowbray u3a NEWSLETTER is published ex Tick the box if you wish to receive your free NE					
Full Membership Fees: (£5.00 of your fee is paid to the	e Third Age Trust – our National Organisation)				
For 1 Application: £13.00 To include printing & po	sting of the Monthly Newsletter: £23.00				
For 2 Applications: £26.00 To include p & p of the N	Monthly Newsletter to same address: £36.00				
Reduced Membership Fees: Only applicable for Applic	cations received after 1 st August 2024				
For 1 Application: £8.00 To include printing & posting of the Monthly Newsletter: £12.00 For 2 Applications: £16.00 To include p & p of the Monthly Newsletter to same address: £20.00					
Third Age Matters (TAM) Magazine: A publication of the	e Third Age Trust. Five issues per year.				
These magazines are offered as an optional extra at a or	ne off charge of £3.60. One copy per household.				
	consent to my data being shared with the Third Age Trust ox if required, adding £3.60 to your Membership fee				
Your Interests/Hobbies:					
Any skills that you would be prepared to share with u3	a members:				

Fees to be paid:

Membership Fee	£
Third Age Matters Magazine	£
TOTAL	£

Please include amounts paid

		TOTAL	£				
Payment Method	<u>d:</u>						
Bank T	ransfer (preferred	d) Sort Code: 40-32-1	4 Account N	lumber: 31693409			
	Reference	e required: Surname and	d New				
Chequ	Made pay	Made payable to: Melton Mowbray u3a					
Cash							
	Tick the b	ox for payment method	d used				
•	•	•		's desk at the Monthly Meeting, or ve, Melton Mowbray LE13 0XQ			
	ox if you require your addressed envelope w	membership card to be vith this form	posted to you	and please send a			
Gift Aid:							
must be a	a UK tax payer, and in t	the event of you paying	less Income T	membership fee. To qualify you ax and/or Capital Gains Tax in the will be your responsibility to pay			
<u>-</u>		•	-	ividual member, and we make the ete and return with your Application			
All members must	:						
Always actAct with co							
For memberTo communication	ership purposes (securel nicate with you	•	ittee may use t	the information you have provided:			
I/We confi	rm that I/We will abide b	by the terms of membersh	ip and have co	mpleted the form myself/ourselves			
Signed 1:	Dat	e: Signed 2:	1	Date:			