Shaftesbury & Gillingham University of the Third Age Membership Application Form for period Aug 1st to Following July 31st

Registered Charity No. 1078452

Note that this is a two page document

Full details about where to send this form are given at the bottom of side 2 of this document.

Your Details, Member	Your	Details.	Mem	ber	1
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ur Details, Member 1				
Title (Mr, Mrs, Ms etc)	Name			
Email**	Telephone			
Address				
	Postcode			
ember 2 (at the same address) – delete if no	ot applicable			
Title (Mr, Mrs, Ms etc)	Name			
Email**	Telephone			
**To reduce costs, the committee	e will communicate with you via email where possible.			
MEMBERSHIP FEES				
	on. This fee includes a £4.00 fee paid to our national organisation, es a wide range of services and benefits, including liability insurance cility.			
PAYMENT METHODS please tick one box below				
Cheque to Shaftesbury and Gillingham U3A Complete this form & send with the cheque to the Membership Secretary.				
Bank transfer to Shaftesbury & Gillingham U3A Account Sort Code 30-99-08 Account No 22925860 INSERT your SURNAME & POSTCODE as reference on the transfer & return this form to Membership Secretary.				
• • • • • • • • • • • • • • • • • • •	Age Trust) is published 5 times a year. If you wish to receive it the y receive progressively fewer copies if you join/renew after August. onal amount in Member 1 Payment above.			
CIFT AID Declaration CCU2A is a Regist	round Charity No. 10794F2			
GIFT AID Declaration, SGU3A is a Regist Boost your donation by 25p of Gift Aid for every				
• • • • • • • • • • • • • • • • • • •	ou pay for the current tax year. Your address (given above) is needed er to Gift Aid your donation you must tick the box below:			
I want to Gift Aid my donation of £to: Shaftesbury & Gillingham U3A				
I am a UK taxpayer and understand that if I pay le the amount of Gift Aid claimed on all my donation	ess Income Tax and/or Capital Gains Tax in the current tax year than ons it is my responsibility to pay any difference.			
My Details TitleFirst name or Initial(s)	Surname			
Signature	Date			
 Please notify the charity if you: Want to cancel this declaration Change your name or home address No longer pay sufficient tax on your income an If you pay Income Tax at the higher or additional relief due to you, you must include all your Gift A and Customs to adjust your tax code. 				

Please Turn Over. It is very important that this form is fully signed on the other side of this document.



TERMS AND CONDITIONS OF MEMBERSHIP

All members must:

- Abide by the Principles of the U3A movement.
- Always act in the best interests of the U3A and never do anything to bring the U3A into disrepute.
- Abide by the terms and conditions of the constitution.
- Treat fellow members with respect and courtesy at all times.
- Comply with and support the decisions of the elected committee.
- Advise the committee of any change in your personal details.

	I/We apply for membership of Shaftesbury & Gillingham U3A and confirm that I/We will abide by the terms of membership as stated above. I/We confirm that I/We have completed the form myself/ourselves. I/We will make full payment of fees due as soon as is reasonably practicable. (Note, Two signatures are required when appropriate)				
	Signature 1	Date			
	Signature 2	Date			
PRIVA	ACY STATEMENT				
<u>Please</u>	tick the boxes below to give us permission to use the information you ha	ve supplied in the following ways:			
To com To shar	e it securely for membership purposes. municate with you as a U3A member. The with group leaders for those groups that you are a member of. If you general information about the Third Age Trust (the national organis	ation to which U3As are affiliated).			
	I consent to my data being used for membership purposes as detailed above.				
	u happy to be added to the direct mailing list for the Third Age Trust maga tick the box below:	azines – Third Age Matters and Sources? If so,			
	I consent to my data being shared with the company who oversee the distribution of the Trust Magazines.				
membe	be advised that you can request for your data not to be used for any oership secretary via the SGU3A website /u3asites.org.uk/sgu3a/home	f these purposes at any time by contacting the			
Submi	ission				
	ensure that you have fully signed above (one or two signatures) and in the u have ticked all the correct boxes for method of payment and the two	- But and the supplied of the			
This Form when COMPLETED must be RETURNED with PAYMENT METHOD clearly shown to:- Membership Secretary, 9 Peacemarsh Farm Close, Gillingham, SP8 4XQ Alternatively it can be presented with payment at the monthly meeting (See the SGU3A website for meeting details)					

Logged

Membership Number/s

Received

For internal use:

Paid