| Mem. Co-ord only: | PAL | | | | E-mail | | Membership Number | | |
|--|---|--------------------|------------------------|-----------|--------------------|---------|----------------------|-----------|--|
| SLEAFORD U3A NEW MEMBERSHIP APPLICATION FORM 2023-2024 | | | | | | | | | |
| Title: | | Name: | | | | | | | |
| Address: | | | | | | | | | |
| Postcode: | | | | | | | | | |
| Phone numbers: Home | | | | Mobile | | | | | |
| E-mail: | | | | | Emergency Contact: | | | | |
| MEMBERSHIP FEE Your Annual Membership Subscription with newsletters sent by e-mail Optional Post and Package for paper copies of the Newsletters F4 [] Payment can be made by BACS through your bank using: Sort Code 55-50-11 A/C No 22864520 Your Reference will be NM and your surname OR by cheque made payable to Sleaford u3a | | | | | | | | | |
| Please email completed form to: membership@sleafordu3a.org | | | | | | | | | |
| 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. | | | | | | | | | |
| PRIVACY STATEMENT Under the terms of the General Data Protection Regulation, Sleaford U3A will only use the information you have supplied in the following ways:- | | | | | | | | | |
| To store it securely for membership purposes. | | | | | | | | | |
| | To communicate with you as a U3A member. | | | | | | | | |
| | To share with Group Leaders for those groups that you are a member of. To share with your PAL as part of the joining system. | | | | | | | | |
| | | | | | | | | | |
| PLEASE TICK [] I consent to my data being used for the purposes detailed above. | | | | | | | | | |
| NOTE: You have the right of access to your personal information held on our files and may correct your details at any time. You will be asked to confirm your details annually when you renew your membership. If at any time you feel that you would like your information deleted, please contact the Chairperson. | | | | | | | | | |
| | | nip of SleafordU3A | and confirm that I wil | l abide b | y the t | erms of | membership | as stated | |
| Signed : Dated Dated | | | | | | | | | |

| Mem Co-ord only | | | | | | | | |
|--|--|--|--|--|--|--|--|--|
| SLEAFORD U3A GIFT AID DECLARATION | | | | | | | | |
| If you now pay UK income or capital gains tax, Sleaford U3A can reclaim the tax for your subscription. Tax cannot be reclaimed on subscriptions that you pay for someone else. | | | | | | | | |
| I would like the tax to be reclaimed on any eligible donations or membership subscriptions that I have ever made, or will make, to the Sleaford U3A until further notice. I confirm that I pay an amount of UK income or capital gains tax at least equal to the tax that Sleaford U3A will reclaim. | | | | | | | | |
| Signature Date | | | | | | | | |
| CONSENT FOR PHOTOGRAPHIC AND VIDEO IMAGES | | | | | | | | |
| Occasionally Sleaford U3A would like to take your photograph for promotional purposes. These images may appear in U3A printed publications, newspapers, magazines, on our website or our Facebook page. | | | | | | | | |
| To ensure we comply with the General Data Protection Regulations we need your consent before we take and use any photographic images of you. | | | | | | | | |
| Please respond to the statement below by ticking one option, then sign and date the form. | | | | | | | | |
| • I consent for my image to be used by the Sleaford U3A? YES [] NO [] If the answer is 'NO' – it is your responsibility to inform your Group Leader. | | | | | | | | |
| Signature Date | | | | | | | | |
| Your name in CAPITALS | | | | | | | | |
| Sleaford U3A will not use the photographic images taken for any other purpose than those stated above. You may request their deletion, should you leave Sleaford U3A, by contacting the Chairperson. | | | | | | | | |
| PAL's Scheme If you would like one of our current Members to contact you, and offer to accompany you to the New Members' Coffee Morning and/or the bi-monthly Members' meeting (or ensure that someone is looking out for you when you attend your first group meeting), please tick the box below. | | | | | | | | |
| YES | | | | | | | | |
| NO. | | | | | | | | |