



Membership Application Form

I wish to become a Member Associate Member of Soar Valley u3a (university of the third age). *Please tick, see details below.*

Please print

Mr/Mrs/Ms
First name *Surname*

Address:
.....

Postcode: Tel: Email:

How did you hear about us?

Annual Subscription Fee - £12, renewable on 1st March. If you are currently, and remain, a member of another u3a you can become an Associate Member at a reduced fee of £9. If you are joining us mid year, please see the enclosed New Member Subscription Fees list to find out your initial payment.

Please tick

I have authorised a bank transfer of £..... to Lloyds Bank Soar Valley U3A account, Sort Code 30-95-21, Account No. 00080503 (*preferred payment method*)

I enclose a cheque for £..... payable to Soar Valley U3A

I agree to abide by the constitution and policies of Soar valley u3a and understand that Soar Valley u3a will keep my contact details on record for the duration of my membership for the sole purpose of communicating relevant u3a information, and will not share these details with third parties. I also understand that members unable to take independent responsibility for themselves need to be accompanied by a carer when attending meetings or events.

Signed Date

Gift Aid

If you are a tax payer, please sign below if you would like us to claim Gift Aid on your subscription. If your tax status changes, please let us know.

Yes, I would like Soar Valley u3a to claim Gift Aid on this and any future subscription fee.

Signed Date

Please post this completed form, together with your cheque if appropriate, to:
Marilyn Wood (Membership Secretary), 6 Salisbury Avenue, East Leake, Loughborough, LE12 6JN