**STAPLEFORD & DISTRICT u3a RENEWAL FORM 2024/25 T A M**

**Name** (Block Letters) ………………………………………………………………………………M/ship No…………

I wish to renew my membership of Stapleford & District as follows:

**FULL** Membership **£18.00**

**ASSOCIATE** Membership £ 14.00Provide proof of current full membership.

[Name of U3A……………………………………….M/ship No……………. Period of subscription……….

**Method of Payment:** (please circle) Cash Cheque

Bacs A/C 29150260 sort 77-22-32 Reference full name

Card payment please enter last 4 digits…………………………..

**GIFT AID I am a UK taxpayer intending tax to be reclaimed on the**

**subscription made under Gift Aid Scheme Yes………… No…………**

**Signed……………………………………………………...Dated………………………………………………**

I Hereby authorise you until rescinded by me, to utilise my personal information including full name, address, phone number & Email details for use by U3A members only.

**PERSONAL DETAILS-** if your details have changed please give the information below.

**Address……………………………………………………………………………………………………………………….**

**……………………………………………………………………………………………………………………………………**

**New Email ………………………………………………………………………………………………………………….**

**Phone………………………………………………………………………………………………………………………..**

Please return form with payment to Membership Secretary by **30th June** **at the** **latest**. (Cheques to be made payable to (**Stapleford & District U3A**)\*\*

**\*NB: Membership will be terminated if subscription unpaid by this date.**

**Membership card is your receipt.**

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