



U3A ENROLMENT FORM

Title:	First Name:	Surname:
Date of birth:		
Postal Address including Postcode:		

Renewal date of the scheme is 1st April of each year. The membership scheme runs from 1st April to 31st March and fees are apportioned on a quarterly basis subject to the month in question. Fee quoted is per person.

1st April to 30th June	- £ 15.00	1st July – 30th September	- £ 12.00
1st October – 31st December	- £ 9.00	1st January – 31st March	- £ 6.00 (see N.B.1.)

N.B.1. Please note that this amount will be added to the renewal fee of £15.00 if joining in January/February or March.

Email Address:	Mobile /Phone No:
Person including phone number to contact in an emergency:	
If you have a partner, are they an existing member? If YES Please give their name, and/or membership number	

- a) Please ensure you quote your full name on your payment details when joining online.
- b) You can also pay by cash, cheque, or via our card machine, during our coffee morning on a Thursday each week. Should you wish to **pay by cheque** this should be made payable to the **u3a Wymondham**.

VOLUNTEERING

The Wymondham u3a is a mutual-help organisation and operates through the contributions of volunteers. If you are willing to help in any way, please tick the box. Thank you.

Please complete overleaf:

All members agree to:

- Abide by the principles of the u3a movement;
- Always act in the best interests of the u3a and never bring the U3A into disrepute;
- Abide by the terms and conditions of the constitution and Codes of Practice as published in the Governance pages of our website: <https://u3asites.org.uk/>
- 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 changes in your personal details

HEALTH AND SAFETY STATEMENT

1. Do you have any health concerns, such as mobility issues, that could affect your ability to participate in certain activities. You must also consider our duty of care to each other, and members of the public with whom we may come into contact. Please provide brief details below

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2. This statement has been prepared to comply with current health and safety procedures and will so far as is practicable ensure that any activities undertaken by our members are safe. The Group Leader will prepare a risk assessment and measures will be put in place to ensure to eliminate or reduce any risks.

PRIVACY STATEMENT

Please note below the following statements in order to give us permission to use the information you have supplied in the following ways to:

- **Store it for membership purposes**
- **Communicate with you as a u3a member**
- **Share with Group Leaders for the groups of which you are a member**

I consent to my data being used for membership purposes as described above

I would like to receive the national u3a trust quarterly magazine (at no additional cost to me) and I consent to my data being shared with the company that distributes the Trust magazines. **If you do not wish to receive this magazine, please tick the box**

MEMBERSHIP NO

Declaration:

I consent to my data being used for membership purposes as described above;

I acknowledge that it is my responsibility to consider my own health and fitness regarding taking place in an elected activity and I will only attend u3a activities that I have assessed as capable and fit enough to do;

I will immediately notify and discuss with the Group Leader in question my fitness to undertake such an activity or should

I do not have any health problems/concerns or underlying medical conditions which may affect my or other members safe participation in any Group activity;

I will read the Risk Assessment for each activity that I partake in with regards to my fitness to undertake such activities;

I acknowledge that I may be refused acceptance on any further such activities;

I acknowledge that I am personally responsible for assessing any risks posed whilst travelling to and from and on any u3a activity;

I confirm that I will notify the Membership Secretary of any changes in my personal or health information immediately.

Signed

Dated