



Leighton-Linslade u3a

APPLICATION FOR MEMBERSHIP

Please complete in BLOCK CAPITALS

TITLE:		NAME:	
MOBILE:		EMAIL:	

2nd NEW MEMBER AT SAME ADDRESS

TITLE:		NAME:	
MOBILE:		EMAIL:	

If your spouse/partner is already a member of Llu3a please give their membership number here

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ADDRESS:			
POST CODE:		TELEPHONE:	

FEES and PAYMENT METHODS		£16 per person	Annual renewal date: 1st January
BACS	Post this form to: LLu3a Membership Secretary, 5 Millground Field, Winslow, Bucks. MK18 3GE or email it to membership.llu3a@gmail.com . Your application cannot be processed without it and we shall have no contact details. Pay: Leighton-Linslade u3a , Sort Code: 20-03-18 , Account number: 43713083 Payment Reference New/SurnameInitial eg New/SMITHK ***This reference is very important as without it we shall not know who has made the payment***		
Cheque	Either post the cheque together with this form to the address above or Present them at the Membership desk at the monthly meeting		
Cash	This facility is only available at the Membership desk at the monthly meeting		

GIFT AID DECLARATION (TAX PAYERS ONLY) There is no cost to you

Using Gift Aid costs you nothing and means that for every £1 of your subscription Leighton-Linslade u3a receives 25p from HMRC, thus helping our funds go further.

Please treat my subscription for this and future years as Gift Aid. I confirm that I am a UK tax payer and pay as much income or capital gains tax as Leighton-Linslade u3a will claim. Should this change in the future it will be my responsibility to advise LLu3a if I wish to cancel this declaration or if I no longer pay sufficient tax on my income or capital gains.

I authorise Leighton-Linslade u3a to claim Gift Aid

Signed Member 1		Date: :
Signed Member 2		Date: :

u3a PUBLICATIONS - Please enter Y in the box to receive the publication

<input type="checkbox"/>	I wish to receive the Llu3a Quarterly Newsletter. If you have given us an email address this will be sent to you by email. If you prefer a printed copy please contact the Membership Secretary, details below.
<input type="checkbox"/>	I wish to receive the Third Age Trust magazine - Third Age Matters and Sources - and consent to my data being added to the direct mailing list for them.

Please be advised that you can request these options to be changed at any time by contacting:
 Email: membership.llu3a@gmail.com or Telephone: 07766 686757

Please read the reverse of this form and remember to sign the application at the end.

Leighton-Linslade u3a

THIRD AGE TRUST

The annual membership fee includes £4.00 paid to our national organisation, the Third Age Trust, which provides a wide range of services and benefits, including liability insurance cover.

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

PRIVACY STATEMENT

LLu3a requires members to provide their personal information so that they can be kept informed about events and activities that are offered as part of membership. In collecting your information LLu3a will:

- Store it securely for membership purposes
- Use it to communicate with you as a u3a member
- Share it with group leaders for those groups that you are a member of
- Send you general information about the Third Age Trust (the national association to which u3as are affiliated)

Permissions granted and agreed to in this form will remain in place unless the Membership Secretary is notified of a required change or until membership comes to an end.

MEMBERSHIP APPLICATION	
I/We apply for membership of Leighton-Linslade u3a and confirm that I/we have read and will abide by the terms of membership as stated above. I/We confirm that I/we have completed the form myself/ourselves or have been assisted to do so.	
Signed Member 1	Date :
Signed Member 2	Date :

OFFICE USE ONLY

Date Rcvd	Cash	BACS	Cheque No.	Member 1 number	
				Member 2 number	