

ALSAGER AND DISTRICT U3A – MEMBERSHIP APPLICATION FORM

Complete this form to join/renew your membership of Alsager U3A. You will need to return this completed form to the Membership Secretary, Alsager U3A together with the relevant membership fee.

ABOUT YOURSELF	
Forename:	Surname:
Email:	Mobile:
Emergency Contact Name: _____ Contact No: _____	
<input type="checkbox"/> Please tick the box if you are a taxpayer and agree to claim gift aid from the Inland Revenue for Alsager U3A	Membership Number:
YOUR ADDRESS	
No/Name:	Street:
Town:	County:
Post Code:	Telephone:

I apply for my membership of Alsager U3A and confirm that I will abide by the terms and conditions of membership. I confirm I have completed the form myself.

Signed: _____	Date: _____
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PRIVACY STATEMENT

Alsager U3A takes care to store your data securely and to store and use your personal information only for the purposes set out below.

- to manage annual membership
- to manage membership payments
- to manage gift aid claims
- to enable communications with the membership or subsections of the membership
- to enable communications between group leaders and their group members
- to have available data for Inland Revenue purpose

Office use

Form Checked & Entered on Beacon		Amount Paid: Payment Method:		Card Issued	
Date:	Initial:	Date:	Initial:	Date:	Initial: