St Austell U3A Membership Application

Registered Charity Number: 1174637 **https://www.staustellu3a.org**

**PLEASE PRINT IN BLOCK CAPITALS**

|  |  |
| --- | --- |
| Preferred Title | Name  |
| Address  |  |
|  | Postcode  |
| Email\*\* |
| Telephone No. | Mobile |
| **Emergency Contact** **Name** | **Emergency Contact Number** |
| **Have you previously been a member of St Austell U3A** YES / NO (Membership No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_ ) |

**\*\***To reduce costs, St Austell U3A would prefer to communicate with you via email where possible.

**I consent to receive communication by: - [ ]  Email [ ]  Post [ ]  By Telephone**

[ ]  **I would like to receive the Third Age Trust Magazine (TAM) and consent to my name and address being shared with the company for the purpose of the distribution.**

**MEMBERSHIP DONATION / FEE – *PAYMENTS ARE NON-REFUNDABLE***

|  |  |
| --- | --- |
| [ ]  Full member £20.00 annually | [ ]  Reduced fee of £10 for people joining in September &  October. |
| [ ]  £20 if joining in November / December  (Includes membership for the following year) | [ ]  Associate Member £16 \* |
| \* If you are claiming £16 Associate Membership (a reduction of £4 National U3A Membership Fee), please  indicate the U3A of which you are aFull member*. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* |
| Payment Type |  |
| [ ]  Bank transfer to: Barclays Premium Business ME account Sort code: **20-30-47**  Account Number:  **33164489** Account name**: St Austell u3a** Ref: **NEW MEMBER****If paying by BACS please ensure you email** **jenny.skipp@staustellu3a.org** **to inform her of your payment** |
| [ ]  Credit / Debit Card | [ ]  Cheques made payable to- St. Austell U3A Cheques only accepted in person not via the post) |
| **GIFT AID** [ ]  **Please consider Gift Aiding your membership payment – full details on the Gift Aid Declaration Form.****These Fees (except for the Associate membership Fee) include a £4 membership fee paid to our national organisation, which provides a wide range of services and benefits, including liability insurance cover.** |

We would like to know, but please do not feel obliged to give us, the information requested below.

|  |  |
| --- | --- |
| Previous occupation |  |
| Interests |  |
| Skills |  |
|  |  |

We are interested to know how/where you heard of St Austell U3A e.g. U3A website/U3A member/Friend/Facebook/ Instagram/Twitter.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**St AUSTELL U3A PRIVACY STATEMENT**

U3A requires members to provide their personal information so that you can be kept informed about events, groups and activities that are offered as part of your membership. In collecting your information St Austell U3A will:

* Store it securely
* Use it to communicate with you as a U3A member.
* Share your information with group leaders/conveners for those groups that you are a member of.
* Send you general information about the Third Age Trust\*

**Please be aware that photographs may be taken at group events and outings, if you do not wish to be included in any of these please make your wishes known at the time and, if necessary, step out of the shot.**

**Thank you.**

\*The Third Age Trust is the national office to which all U3As are affiliated.

Our website is <https://www.staustellu3a.org> where our Interest Groups and policy statements can be viewed.

**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.

|  |
| --- |
| I apply for membership of St Austell U3A and confirm that I will abide by the terms of membership as stated above. |
| Signed | Dated |

**For internal use:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Received Application** | **Membership Number** | **Date membership card issued** | **Fee Paid****CARD/BACS/Cheque** | **Date logged on Beacon** |
|  |  |  |  |  |
| **Gift Aid** | **TAM magazine** | **PPC/Amount** |  |  |
|  |  |  |  |  |

**GIFT AID DECLARATION**

**Names of Charity: St Austell u3a No 1174637**

**PLEASE ONLY COMPLETE THIS PAGE IF YOU WISH TO GIFT AID YOUR MEMBERSHIP DONATION FEE - READ CAREFULLY BEFORE SIGNING**

**St Austell u3a Membership Number: ………………………………………..**

**CHARITY GIFT AID DECLARATION –** multiple donations. Boost your donation by 25p of Gift Aid for every £1 you donate.

**I want to Gift Aid my Membership donation of £20 / £16 (please delete as applicable) and any donations I make in the future or have made in the past 4 years to St Austell u3a No 1174637.**

**My details:**

**Title : ………… First Name: ………………………… Surname: …………………………**

**Full home address: ……………………………………………………………………………….**

**……………………………………………………………………………………………………………………..**

**………………………………………………………………………….Postcode: ………………………….**

**I am a UK Taxpayer and understand that if I pay less Income Tax and / or Capital Gains Tax than the amount of Gift Aid claimed on all my donations in that tax year, it is my responsibility to pay any difference.**

**Signature: ………………………………………….. Date : ……………………………….**

Please notify the St Austell u3a Treasurer or Membership Secretary via the website or in person at our bi-monthly meetings if you:

* Want to cancel this declaration
* Change your name or address
* No longer pay sufficient tax on your income and/or Capital Gains

If you pay Income Tax at the higher or additional rate and want to receive the additional tax relief due to you, you must include all your Gift Aid donations on your Self Assessment tax return or ask HM Revenue and Customs to adjust your tax code.