|  |  |  |
| --- | --- | --- |
| Logo, company name  Description automatically generated | Arnold u3aNEW MEMBERNov 1st 2023 - Oct 31st 2024 | **Membership No**(we will fill this in) |

|  |
| --- |
| **Please write clearly in BLOCK CAPITALS** |
| **Title** Choose an item. | **First name**Click or tap here to enter text. | **Surname**Click or tap here to enter text. |
| **Address** Click or tap here to enter text.**Postcode** Click or tap here to enter text. | **Mobile** Click or tap here to enter text.**Home** Click or tap here to enter text. |
| **Email address** Click or tap here to enter text. |
| **Membership Subscriptions** |
| Annual £15.00From May 1st £ 9.00From Aug 1st £ 6.00 | £11.00 if member of another u3a and paying the full fee to that u3a. If so, please supply the name of the primary u3a and membership no of that u3a |
| **Ways to pay**  |
| Cash [ ]  | Cheque (Arnold u3a) [ ]  | PayPal [ ]  Bank Transfer \* [ ]  |
|  |
| \* 08-92-99 | a/c 67223118 | Arnold Univ of Third Age fee acct |
| **Please answer either Y or N** |
| I consent to my data being used for membership purposes | Choose an item. |
| I wish to receive the free Third Age Trust magazines  | Choose an item. |
| **Name Date** Click or tap to enter a date.**Please return the completed form to**  |
| John Gardner, Membership Secretary, 9 Dalbeattie Close, Arnold NG5 8QX |
| Tel: 0115 9202530 Email: arnoldu3a.membership@gmail.com |
|  |
| **For internal use only** |
| **Members Name** |
| **Method of payment** |
| **Amount paid** |
| **Membership Secretary signature Date** |

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**Gift Aid**

If you pay income or capital gains tax we can claim this back from the Government in Gift Aid so we would appreciate it if you would complete and sign below.

I would like Arnold u3a to reclaim the tax on any donations or membership subscriptions I make to them. I confirm that I am a UK taxpayer and pay tax at least equal to the tax to be reclaimed. Yes or No? Choose an item.

 Tax can only be claimed if **Yes**.

Please notify Arnold u3a if you wish to cancel this declaration, change your name or address or no longer pay sufficient tax on your income**.**

|  |  |  |
| --- | --- | --- |
| **Title** Choose an item. | **First name**Click or tap here to enter text. | **Surname**Click or tap here to enter text. |
|  | **Date**Click or tap to enter a date. |

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