|  |  |  |
| --- | --- | --- |
| Logo, company name  Description automatically generated | Arnold u3a  **NEW MEMBER**  Nov 1st 2025 - Oct 31st 2026 | **Membership No**  (Leave blank) |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Please write clearly in BLOCK CAPITALS** | | | | | |
| **Title:** | **First name:** | | | **Surname:** | |
| **Address:**  **Postcode** | | | | **Mobile:**  **Home phone:** | |
| **Email address:** | | | | | |
| **Membership Subscriptions** | | | | | |
| Annual £15.00  From May 1st £ 9.00  From 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 (please tick)** | | | | | |
| Cash ☐ | | Cheque (Arnold u3a) ☐ | | | Bank Transfer ☐ |
| **Bank Transfer details** | | | | | |
| **Sort Code** 08-92-99 | | **Account No.**  67223118 | **Account Name:**  Arnold Univ of Third Age Fee Acct | | |

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| --- | --- | --- | --- | --- |
| **Please answer either Y or N by circling appropriate** | | | | |
| I consent to my data being used for membership purposes | | | **Y** | **N** |
| I wish to receive the free Third Age Trust magazines | | | **Y** | **N** |
| I consent to Arnold u3a reclaiming tax on my membership subscription**\*** (see below) | | | **Y** | **N** |
| **Title** | **First name** | **Surname** | | |
| **Signature** | | **Date** | | |

**GIFT AID**

**\*** If you pay income or capital gains tax we can claim this back from the Government in Gift Aid. Tax can only be claimed by circling **YES** and **signing** the form.

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**.**

**Please return the completed form to:** Cathy van Baalen, Membership Secretary Arnold u3a

30 Melbury Road, Woodthorpe, Nottingham NG5 4PG

**Email:** arnoldu3a.membership@gmail.com **or at any monthly membership meeting**

|  |  |
| --- | --- |
| **For internal use only - NEW MEMBER** | |
| **Members Name:** | |
| **Method of payment:** | **Amount paid:** |
| **Membership Secretary signature:** | **Date:** |