**Arnold u3a Renewal Form 2025 - 26**

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| **Title:** .…… **First Name:** ……….………..….... **Surname:** …………………..……….……………  Any changes to your address, contact numbers, email? Please list changes below. |

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| **Membership fees (please tick box)**  Individual £15.00 **\***Associate £11.00  **Membership fees are payable by: (please tick)**  Cheque (Arnold u3a) ☐ Cash ☐ Bank Transfer ☐  **If you wish to pay by Bank Transfer, please use the following details:**  **Account Name:** Arnold Univ of Third Age Fee Acct  **Sortcode:** 08-92-99 **Account No:** 67223118  **Reference:** Membership Number and Surname |

**\*Associate Membership**

If you are a member of another u3a and have paid a FULL subscription you may become an associate member of Arnold u3a for a payment of £11.00. Please provide proof of your current full membership, specify the name of the u3a and the period of the subscription.

**u3a** ………………………………………..…… **Period from** ………..…..……… **to .**…………………...……….

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| **Please answer either Y or N (by circling)** | | | | |
| 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 if **Yes** and by **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**

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| **For internal use only - RENEWAL** | | |
| **Members Name:** | **Beacon updated:** YES/NO | |
| **Method of payment:**  Cash Cheque Bank Transfer | | **Amount paid:** |
| **Membership Secretary signature:** | | **Date:** |