|  |  |  |
| --- | --- | --- |
| Logo, company name  Description automatically generated | Arnold u3a  NEW MEMBER  Nov 1st 2025 - Oct 31st 2026 | **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 £15.00  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** | | | | | | | |
| Cash | | | Cheque (Arnold u3a) | PayPal  Bank Transfer \* | | | |
| **Bank Transfer details** | | | | | | | |
| **Sort Code** 08-92-99 | | | **Account Number** 67223118 | Account Name 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. |
| I consent to Arnold u3a reclaiming tax on my membership subscription**\*** (see below) | | | | | | | Choose an item. |
| **Title** Choose an item. | | **First Name**  Click or tap here to enter text. | | | | **Surname**  Click or tap here to enter text. | |
| **Signature** Click or tap here to enter text. **Date** Click or tap to enter a 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** | | | | | | | |
| **Members Name** | | | | | | | |
| **Method of payment** | | | | | | | |
| **Amount paid** | | | | | | | |
| **Membership Secretary signature Date** | | | | | | | |