



Chelmsford Membership Application
And Renewal Membership Form

There are 2 types of membership, full and affiliated. Affiliated membership is open to full members of other U3As. Part-year membership is available for those joining on or after 1st October, one fee for all.

Full Member (£16)
Affiliated member (£12)
Part-Year (£10)

Member No (Renewals)
Parent U3A/Membership No.

Payment can be made by bank transfer, by cheque or by cash at the monthly membership meeting. Bank Details: U3A Chelmsford. Sort Code 40-10-27 Account No.41153684 Reference; Your Member No. Please make cheque payable to 'U3A Chelmsford' and send to the Membership Secretary, 80 Molrams Lane, Great Baddow, CM2 7AJ

Title..... Forename..... Surname.....
Email Address.....
Postal Address.....
Post Code..... Telephone .....

Please read the privacy statement below. If you agree that the personal information that you have supplied can be used for the purposes stated then please sign the statement.

PRIVACY STATEMENT

We undertake to keep your data secure and not to pass it on to any outside organisation except to fulfil our obligations to you as a member. We will use your data only for the following purposes:

Please tick the box if you agree to us using your data for the following purposes

- To send you official communications as a member of Chelmsford U3A
To share with interest group leaders of those groups of which you are a member
To share with the companies who oversee the distribution of the Third Age Trust magazines- Third Age Matters, Sources and Chelmsford U3A Newsletter

Signature..... Date.....

Charity Gift Aid Declaration

Charity No. 1027234

I wish to Gift Aid my Subscription of £..... I would like Chelmsford U3A to reclaim the tax on this and any other eligible donations or membership subscriptions that I may make in the future until further notice. I understand that I need to pay enough Income Tax or Capital Gains Tax in each tax year to cover the Gift Aid claimed on all my donations to charity, otherwise it is my responsibility to pay any difference.

Title ..... Forename..... Surname ..... Membership No .....
Address..... PostCode.....
Signature..... Date.....

Please notify the Membership Secretary if you want to cancel this declaration.