

Neston Membership Application Form

(Block Capitals Please)

Surname:

Title: **First Name:** **Known as:**

E-mail:

Mobile: **Home Phone:**

Address:

..... **Post Code:**

I enclose the Annual Subscription of £10.00 (or £7.00 proportional subscription in Oct, Nov and Dec) and understand that this includes membership of the Third Age Trust (TAT, the u3a national organisation). The national magazine, Third Age Matters (TAM), will be delivered by direct mail five times a year.

Your personal details will be held on a secure database and will be used solely for the purposes of administration, general u3a communications and specific interest group communications. **By providing my email address I accept this as the primary method of communication to me by Neston u3a.**

I consent to my data being used for membership purposes as detailed above.

I would/would not like to be added to the direct mailing list for the TAM magazine and consent to my data being shared with the company overseeing the distribution of the TAM magazine.

Please be advised that you can request for your data not to be used for any of these purposes by contacting the Membership Secretary via our website at Nestonu3a.org.uk.

Signed: **Date:**

If unable to bring your completed application form to a Monthly Meeting, you can return it with your payment to: Neston u3a Membership Secretary, 1 Heron Court, Parkgate, Neston, CH64 6TB. Cheques should be made payable to Neston u3a.

Are there any interests that you would like to pursue with Nestonu3a:

1: 2:

3: 4:

www.nestonu3a.org.uk

Registered Charity No. 1147830



NESTON u3a

GIFT AID DECLARATION

I hereby request Neston u3a, Charity No 1147830, to treat all annual subscriptions I make to it as Gift Aid Donations from today until I notify you otherwise.

I confirm that I pay Income Tax

I will notify Neston u3a if:

- 1. I want to cancel this declaration
- 2. I change my name or home address
- 3. I no longer pay Income Tax

DONOR DETAILS

Title:

First Name: Surname:

Home address:

..... Postcode:

Signature: Date:

If you are unable to bring your completed form to one of our monthly meetings please send it to our Membership Secretary via our website.

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