

# SCARBOROUGH U3A

## MEMBERSHIP APPLICATION FORM FOR SCARBOROUGH U3A (new members)

Title & Name: \_\_\_\_\_

Address \_\_\_\_\_

POSTCODE \_\_\_\_\_ Occupation (before retirement) \_\_\_\_\_

Telephone: Landline \_\_\_\_\_ Mobile: \_\_\_\_\_

Email Address \_\_\_\_\_

(N.B. To save costs, the committee will communicate using email whenever possible)

Membership Fees for 2017-2018 are £33.00 which includes a Capitation Fee of £3.50 to U3A HQ, The Third Age Trust, which provides a wide range of services and benefits, including liability insurance cover.

### TERMS AND CONDITIONS OF MEMBERSHIP

All members must:

1. Abide by the Aims and Guiding Principles of the U3A movement.
2. Always act in the best interests of the U3A and never do anything to bring the U3A into disrepute.
3. Abide by the terms and conditions of the constitution.
4. Treat fellow members with respect and courtesy at all times.
5. Comply with and support the decisions of the elected committee.
6. Advise the Membership Secretary of any change in your personal details.

### PRIVACY STATEMENT

Your personal details will be held on a secure database and will be used solely for the purposes of administration and the communication of U3A matters. They will never be supplied to an outside agency or party other than for you to receive Third Age Matters directly mailed.

I apply for membership of Scarborough U3A and confirm that:

I will comply with the terms and conditions of membership as stated above.

I have completed the form myself.

I have enclosed a cheque made payable to Scarborough U3A for £33.00

**OR**

I have transferred £33.00 to Scarborough U3A Bank Account

Sort Code 40 40 22 Account Number 41477579 including your Full Name

I want to receive from U3A Head Office the periodic magazine **YES** or **No** (Cost borne by our club)

Signed \_\_\_\_\_ Date \_\_\_\_\_

**I am a UK taxpayer and I authorise Scarborough U3A to reclaim tax on my membership fees as GiftAid contribution to Scarborough U3A (please sign below if we can reclaim GiftAid)**

Signed \_\_\_\_\_ Date \_\_\_\_\_

Send your completed form to Sue Petyt, 5 Kingfisher Close, Crossgates, Scarborough, YO12 4TZ  
(call 864111 during business hours with any queries)

REMEMBER TO INCLUDE A STAMPED ADDRESSED ENVELOPE FOR THE RETURN OF YOUR COURSE ALLOCATIONS AND MEMBERSHIP CARD

**Please see overleaf for course choices**

a) Which courses would you like to join? Please enter the course code as well as the name

**Courses please in order of preference**

- |          |       |          |       |
|----------|-------|----------|-------|
| 1) _____ | _____ | 4) _____ | _____ |
| 2) _____ | _____ | 5) _____ | _____ |
| 3) _____ | _____ | 6) _____ | _____ |

Do you have any suggestions for courses which are not currently available? \_\_\_\_\_

Would you be able to lead/co-ordinate a new course? If so, what could you offer? \_\_\_\_\_

Send your completed form to Sue Petyt, 5 Kingfisher Close, Crossgates, Scarborough, YO12 4TZ  
(call 864111 during business hours with any queries)

**PLEASE REMEMBER TO INCLUDE A STAMPED ADDRESSED ENVELOPE FOR THE RETURN OF YOUR COURSE ALLOCATIONS AND MEMBERSHIP CARD**

**Please see overleaf for application form**