



**NORTH DOWN & ARDS u3a (NDA u3a)**

**MEMBERSHIP APPLICATION FORM**

**Registered Charity NIC.100089**

Please note that your application to join NDA u3a is a two-stage process. Completion of this application is the first, the second is a get-together of recently joined members, where we will answer any questions, you may have about the organisation and its activities as well as considering some of your suggestions for taking the NDA u3a forward.

**Have you been a past Member of NDA u3a? If so, what was your Membership Number? \_\_\_\_\_**

**PLEASE PRINT ALL DETAILS INCLUDING EMAIL ADDRESS.**

(\*required)

<b>Title*</b>	
<b>Forename *</b>	
<b>Surname *</b>	
<b>Email address *</b>	
<b>Contact phone number *</b>	
<b>Known as</b>	
<b>Emergency contact *</b>	<b>Phone No: *</b>
<b>Address*</b>	
<b>Post code*</b>	

**TERMS AND CONDITIONS OF MEMBERSHIP.**

All members must:

- Abide by the principles of the u3a Movement
- Always act in the best interests of the u3a and never do anything to bring the u3a into disrepute.
- Treat fellow members with respect and courtesy at all times.
- Advise the **MEMBERSHIP SECRETARY** of any change to your personal details

**DATA PRIVACY**

The NDA u3a stores and uses the information provided by members to run the u3a and its activities. The data is held on a GDPR-compliant database. The data is not used for any other purpose. We will not release your details to any outside organization without your consent.

**I apply for membership of North Down & Ards u3a and confirm that I will abide by the terms of membership as stated above.**

<b>Signature:</b>	<b>Date:</b>
-------------------	--------------

### THIRD AGE TRUST.

The Third Age Trust publishes a magazine called “Third Age Matters” several times a year. We require your permission to release your contact details to the company that the Trust employs to print and distribute it. Tick the box below if you wish to receive the magazine.

I consent to my data being shared with the company that oversees the Distribution of the Trust Magazines. **You must tick this box if you want to receive these magazines.**

### ACTIVITIES.

Please give us some idea of the group activity that you would be interested in joining.


### SKILLS.

Please let us know (if you wish), what type of working background and experience you might have which could possibly be put to good use within the u3a for the purposes of assisting in for example general administration, accounts etc., anything which could help where needed.


### MEMBERSHIP FEES.

**Your membership will not be effective until we have received your payment.**

The fee for each member is £15.00 per annum, renewable on 1<sup>st</sup> April each year.

### PAYMENT METHOD.

<b>CHEQUES</b>	Please make cheques payable to: NDA u3a and put your name on the back of the cheque and post along with your application form to the address below.
<b>CASH</b>	Application and cash payment can be handed in to North Down Community Network – Resource Centre 5 Castle Park Road BT20 4TE
<b>BACS/BANK TRANSFER</b>	Please make payment to 95-06-79 00092789 NORTH DOWN & ARDS U3A <b>Please put your name on the payment and email <a href="mailto:treasurer@ndau3a.com">treasurer@ndau3a.com</a> advising of the payment date, your name and amount paid.</b>

Please return this application to: [memsec@ndau3a.com](mailto:memsec@ndau3a.com) or post to Membership Secretary, NDAu3a, PO Box 383, BT20 9GB.

## GIFT AID DECLARATION

Please complete and sign this form **ONLY** if you are a UK taxpayer and you wish to Gift Aid your subscription.

I confirm that I have paid or will pay an amount of Income Tax and/or Capital Gains Tax for each tax year (6 April to 5 April) that is at least equal to the amount of tax to be reclaimed on my charitable gifts. I understand that other taxes, e.g. VAT, do not qualify.

I have previously Gift Aided my subscription to North Down & Ards U3A and I wish for this to continue. I am a UK taxpayer\*

I am a UK taxpayer and wish my subscription to be treated as a Gift Aid donation\*

Title \_\_\_\_\_ First name or Initial \_\_\_\_\_

Surname \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Full home address \_\_\_\_\_

\_\_\_\_\_ Postcode \_\_\_\_\_

### Please inform us if you

- Cease paying Income Tax
- Change your name and address
- Wish to stop Gift Aiding