

APPLICATION FOR MEMBERSHIP		PLEASE COMPLETE FORM IN BLOCK CAPITALS W	
TITLE:		SURNAME:	MEMBERSHIP NO:
FIRST NAME(S):		Name known by (optional):	
ADDRESS:			
			POST CODE:
PHONE: Home:		Mobile:	
EMAIL ADDRESS:			
EMERGENCY CONTACT – NAME:		Emergency contact phone number:	
If your spouse / partner is already a member of MKu3a please give their membership number			
MKu3a relies on volunteers to assist its operation in various ways. Please tick the box if you would be interested in helping.			<input type="checkbox"/>
MEMBERSHIP FEE is £15.00 per person per annum.			
<input type="checkbox"/> BACS (preferred): Pay MKU3A using the following bank details.			
Account Name: MKU3A Account No: 24979482 Sort Code: 23-05-80 Ref : New App / (Your surname)			
<input type="checkbox"/> Cheque / Postal Order: Send cheque / postal order, payable to MKU3A , with the application form to the Membership Secretary at the MKu3a office (address at the end of the form).			
GFT AID DECLARATION			
Using Gift Aid means that for every £1 of your subscription MKu3a receives 25p from HMRC so helping our funds go further.			
Please treat my current and future personal subscription as Gift Aid. I confirm that I am a UK taxpayer and pay at least as much tax on my income or capital gains as MKu3a will reclaim. I will advise MKu3a if I wish to cancel this declaration in the future or I no longer pay sufficient tax on my income or capital gains.			
Signature:		Date:	
PRIVACY STATEMENT			
Milton Keynes u3a requires you to provide your personal information so that you can be kept informed about events and activities that are offered as part of your membership. In collecting the information MKu3a will:			
<ul style="list-style-type: none"> • Store it securely for membership purposes. • Communicate with you as a u3a member. • Share with group coordinators for those groups of which you are a member. • Send you general information about the Third Age Trust (the national organisation to which u3as are affiliated). 			
Are you happy to be added to the direct mailing list for the Third Age Trust magazine, <i>Third Age Matters</i> ? If Yes, please tick the box below:			
<input type="checkbox"/> I consent to my data being shared with the company who oversee the distribution of the Trust Magazine.			
Please enroll me as a member of MKu3a.			
Signature of applicant:		Date:	
Office use only	DU	LP	PP
			LS
			GA