

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			
Please tick the box below to give us permission to use the information you have supplied in the following ways:			
<ul style="list-style-type: none"> • To store it securely for membership purposes. • To communicate with you as a u3a member. • To share with group leaders for those groups of which you are a member. • To send you general information about the Third Age Trust (the national organisation to which u3as are affiliated). 			
<input type="checkbox"/> I consent to my data being used for membership purposes as detailed above.			
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