



APPLICATION FOR MEMBERSHIP Please complete form in BLOCK CAPITALS (W)			
Applicant 1	Mem No.	Applicant 2	Mem No.
TITLE: SURNAME:		TITLE: SURNAME:	
First Name(s):		First Name(s):	
Known as (optional):		Known as (optional):	
ADDRESS:			
POST CODE:			
HOME PHONE:			
MOBILE:		MOBILE:	
Please indicate which is preferred: Home/Mobile		Please indicate which is preferred: Home/Mobile	
EMAIL: (please PRINT clearly)		EMAIL: (lease PRINT clearly)	
MKU3A relies on volunteers to assist its operation in various ways. Yes Not at the moment Y		ys. Please indicate below if you would be interested in helping. Yes Not at the moment	
If your spouse/partner is already a member of MKU3A please indicate their membership number		Name: Member Number:	
Please enrol me as a member of MKU3A SIGNED: DATE:		Please enrol me as a member of MKU3A SIGNED: DATE:	
Membership fee is £15 per person per annum (please tick relevant box for the payment method used):			
☐ Electronic transfer (preferred): Pay MKU3A using the following bank details & return completed application form. Account name: MKU3A Account No: 00004826 Sort Code: 40-52-40 Ref: App (Surname)			
☐ <i>Cheque/Postal Order</i> : Please send a cheque/Postal Order payable to MKU3A with the application form to the Membership Secretary at the MKU3A office.			
Data Privacy 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.			
Gift Aid Declaration (Using Gift Aid means that for every £1 of your subscription MKU3A receives 25p from HM Revenue and Customs helping our funds go further) Please treat my/our current and future personal subscription/s as Gift Aid. I confirm that I am a UK taxpayer and that I 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.			
Applicant 1 SIGNED:		Applicant 2 SIGNED:	
DATE:		DATE:	
DP	Lic	l GA	