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**ARDS PENINSULA U3A MEMBERSHIP FORM 2024-25**

**NAME (as you are known by)**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**I wish to join Ards Peninsula u3a** and my contact details are as follows:

|  |  |
| --- | --- |
| Street/Town/Postcode |  |
| Telephone Numbers:  Home and/or Mobile |  |
| Email Address:  PLEASE WRITE CLEARLY |  |
| \*Emergency Contact Name: |  |
| Emergency Contact Telephone Number: |  |

\*Please indicate if this person is a family member or friend

**Terms and Conditions of Membership**

**Please indicate that you agree with the following:**

|  |  |  |
| --- | --- | --- |
| **1.** | I agree to uphold the terms and conditions of membership of Ards Peninsula u3a as detailed at: [**https://u3aardspeninsula.org.uk/**](https://u3aardspeninsula.org.uk/) | **Yes/No** |
| **2.** | Photographs are frequently taken during u3a activities and used for the website, social media or promotional purposes .I **agree** to our use of any photographs in which you may be included. | **Yes/No** |
| **3.** | Do you want to receive a copy of Third Age Matters, the u3a magazine? | **Yes/No** |
| **4.** | **I consent to my data being stored on the secure data system in accordance with Data Protection Legislation and being used for the purposes of u3a communications and activities.**  **Signed:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Date**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**\_** |  |

**Membership Fee: The membership fee for the year beginning 1 May 2024 is £15.**

**This can be paid either by: (1) direct transfer to our account (see details below); (2) by cheque made payable to Ards Peninsula u3a; or (3) by cash if you attend a monthly or group meeting.**

**Please indicate how you plan to pay.**

1. **Direct Transfer to the account of Ards Peninsula u3a: Sort Code: 20 51 08 Account Number: 30635383**

* **Please annotate your payment with your name and send a confirmation email to the Membership Secretary:** [membersardspenu3a@gmail.com](mailto:membersardspenu3a@gmail.com).
* **You should also return this completed form by post to the PO address given below or give it** to the Membership Secretary or a Committee Member at a monthly meeting or a group event.

1. **Cheque for £15 made payable to Ards Peninsula u3a and sent to the** following address:

**The Membership Secretary, Ards Peninsula u3a, PO Box 39, Donaghadee. BT21 0ED**

1. **Cash or cheque to the Membership Secretary at a monthly meeting**

If you have any queries about any aspect of membership, please email:[membersardspenu3a@gmail.com](mailto:membersardspenu3a@gmail.com) or phone 07742 051 607. If you are a UK taxpayer, we would greatly appreciate if you could complete the following page to agree to gift aid your membership fee.



**Gift Aid Declaration**

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.

Please **TICK** to indicate that you agree

|  |  |
| --- | --- |
|  | I am a UK tax payer and wish my subscription to Ards Peninsula u3a to be treated as a GIFT AID donation. |

Members living at the same address can make declarations on the same form.

Member 1

|  |  |  |
| --- | --- | --- |
| Title | First name or initial | |
| Surname | | |
| Signature | | Date |

Member 2

|  |  |  |
| --- | --- | --- |
| Title | First name or initial | |
| Surname | | |
| Signature | | Date |

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

Please inform us if you:

* Cease paying income tax
* Change your name or address
* Wish to stop paying Gift Aid

Thank You

Northern Ireland Charity number: 108953