

**Membership Renewal 2024-25**

**Name:** .................................................................................................................

(Name you wish to be known by)

**Membership Number:** …………………………….....................................................

(If you have forgotten your number, just leave blank)

* I wish to renew my membership of Ards Peninsula u3a for 2024-2025.
* I agree to the conditions of my original application.
* None of my details have changed.
* My decisions on Third Age Matters, photography and Gift Aid remain the same.

**Please tick below to show how you are paying this year’s membership fee of £15**:

Electronic Transfer

Your reference name............................................................................... to the account of:

Ards Peninsula u3a: Sort Code: **20 51 08** Account number: **30635383**

**OR**

Attached Cash/Cheque (made payable to Ards Peninsula u3a).

Signed: …………………………………………………...

Date: ....................................................................................

Please return this form, with cash or cheque if appropriate, to: The Membership Secretary

Ards Peninsula u3a, PO Box 39, Donaghadee BT21 0ED

**As a registered charity, we invite you to gift aid your membership fee, if you have not already agreed to this, by completing the Gift Aid authorisation overleaf.**



**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