U3A TODMORDEN

The University of the Third Age for the Upper Calder Valley and Surrounding Areas

www.u3atod.org.uk

MEMBERSHIP APPLICATION FORM 2019/2020

******This form is for NEW membership applications only and must not be used for membership renewals******

I wish to join U3A Todmorden for the period to 30 April 2020.

The full year's subscription is **£15.00** (Reduces to **£10** after 1 November 2019)

Title …… Surname …… Forename …… Familiar Name ……
(Mr/Mrs/Ms etc) *(optional)*

Phone …… Mobile……

Email Address

Please print neatly – one character per box

Full Postal Address ……

…… Post Code ……

Emergency Contact: Name …… **Relationship**…… **(eg Spouse, Neighbour, etc)**

Landline …… **Mobile** ……

Names of any existing U3A Todmorden members at your address: ……

Please advise any disabilities of which you would like us to aware: ……

By signing below, I accept the Terms and Conditions of membership of U3A Todmorden, which are that I will:

- Abide by the Principles of the U3A movement (available at www.u3a.org.uk/about/vision)
- Always act in the best interest of the U3A
- Never do anything to bring U3A into disrepute
- Abide by the Constitution (available at www.u3atod.org.uk in the Information Section)
- Treat fellow-members with respect and courtesy at all times
- Comply with and support the decisions of the elected committee
- Advise the committee of any changes to my personal details

By signing below, I also give my consent for my membership details to be held in a secure computer system for administrative purposes and to be used for:

- Communicating with me about U3A matters
- Sending me information from the Third Age Trust (TAT) the National Body to which all U3As are affiliated
- Sending me free TAT magazines and sharing my address with the company that distributes them *****
- Sending me information about other organisations and events of relevance to older people
- Sharing with the Convenors of U3A groups I join

I understand that my data will be held securely under password protection.

I understand that my data will not be shared with other organisations (except ***** above).

I confirm that I have permission from the above-mentioned Emergency Contact to share their details with U3A.

I understand that I can at any time request that my data not be used for any purpose other than maintaining my membership (Contact the Secretary at the address below, or email enquiries@u3atod.org.uk).

Signature ……	**Date** ……

This Membership Application Form, together with your payment (cheques payable to U3A Todmorden) can be handed in at Monthly Members' Meetings (held at 1.30pm for 2.00pm on the third Thursday of each month at the Central Methodist Hall, Todmorden).

Alternatively, this Membership Application Form, accompanied by your cheque (no cash), can be sent by post to:

U3A Todmorden, The Fielden Centre, Ewood Lane, Todmorden, OL14 7DD

Administrative Use Only

Member No	Amount Paid	Cash/Chq	Date Entered in Beacon