U3A TODMORDEN

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

www.u3atod.org.uk

AFFILIATE MEMBERSHIP APPLICATION FORM 2019/2020

I wish to join U3A Todmorden as an Affiliate Member for the period to 30 April 2020

I confirm that I am a current member of . . . . . U3A, Membership Number . . . . . .

Affiliate Membership is available to any full member of another U3A, free of charge

Surname ……Forename …….. Familiar Name …..…… *(optional)*

Title (Mr/Mrs/Ms etc) ……. 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 be 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 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.

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 Affiliate Membership Application Form 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)

Please be prepared to show your current membership card from your home U3A

Alternatively, send the form by post to the address below, with a photocopy of your current membership card from your home U3A:-

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

Administrative Use Only

Date Entered Into Beacon