

Two members at the same address need only complete one form.

Full name(s) .....

Address .....

.....

Post code ..... Tel No: .....

E-mail (1) .....

(2) .....

Emergency contact: Name: ..... Tel No. ....

**Annual subscription: £12 per member paid by cheque for the first year (payable to Malling District u3a) and by Standing Order for subsequent years. Our year starts in September so if joining after 1 February a cheque for £6 only is required.**

Ref:

Your details will be held in a database, and used as indicated below.

Would you be willing to help occasionally with serving tea/coffee at the monthly meeting? Yes/No

Would you be willing at some point to convene a group? Yes/No (delete as applicable)

If you have specialist skills which you would be willing to use for the benefit of this u3a, please talk to a committee member.

In collecting your information, Malling District u3a will:

- Store it securely for membership purposes and to communicate with you as a u3a member.
- Share it with the Executive Committee and group leaders for those groups of which you are a member.
- Use it to send you general information about the Third Age Trust (the national organisation).
- Make you aware of events being organised by neighbouring U3As when the neighbouring u3a has invited us to participate.
- Use your Emergency Contact information for the purpose of supporting and safeguarding you. Please note you must obtain the permission of your Emergency Contact before passing it to us.

I consent to my data being used for the purposes as detailed above. I confirm I have the consent of my Emergency Contact for you to hold his/her information.

I consent to sufficient of my data begin shared with companies who oversee the distribution of the Third Age Trust publications so that I can be sent Third Age Trust publications like "Third Age Matters".

(signed)..... (print) .....(date).....

(signed)..... (print) ..... (date).....

(In the case of a joint membership, both members must give consent by signing.)

**IMPORTANT NOTE**

It is a condition of membership that with this application form you also provide:

- A cheque for your first year's subscriptions
- A Banker's Standing Order Mandate (attached) for payment in subsequent years.

Without these items we will not be able to process your application.

Please send this form with your cheque and standing order to the Membership Secretary,  
**Mrs Anne Sargent, 17 Ash Grove, Maidstone, ME16 0AA.**

After processing you will be sent your membership card(s) and members' handbook.

# BANKER'S STANDING ORDER

To the Manager of ..... Bank PLC (Sort Code: \_\_\_\_/\_\_\_\_/\_\_\_\_)

Bank address: .....

.....

Please pay to the account of Malling District u3a  
Nat West Bank plc  
43 Swan Street, West Malling, Kent, ME19 6HF

Sort Code **55-81-07**

Account Number **84551488**

the sum of £ ..... (figures) ..... (words)

commencing on the **15<sup>th</sup> (fifteenth) day of July 2022**, and on the same day of **each year** until further notice.

**Please quote reference:**



(To be completed  
by Malling U3A)

**THIS STANDING ORDER CANCELS ALL OTHERS TO  
MALLING DISTRICT u3a.**

Name (print) ..... Signature: ..... Date .....

My address: .....

.....

.....

My account no: ..... My account name: .....

Please leave the reference box blank. This will be completed by u3a.

Please return this form to the Membership Secretary,  
**Mrs Anne Sargent, 17 Ash Grove, Maidstone, ME16 0AA**, who will then forward it  
to your bank.

*As a charity, we can reclaim tax on all donations made by UK taxpayers. If you are a UK tax payer, please complete this declaration if you are happy for us to reclaim the tax on your subscription. **It will not cost you anything to do this.** This tax can be reclaimed even if only one of a couple pays tax.*

## GIFT AID

I/we wish the Malling District u3a to reclaim tax on all donations made to them by me/us now and in the future, from the date of this declaration until I/we notify you otherwise.

I/we declare that I/we are taxpayers and have paid an amount of tax that at least equals the tax deducted from this donation.

Signature: .....

Date .....

(Name and address as above)

Aug21F