

Application for Single/Joint Membership As a New Member of the Andover U3A for Membership Year 2024/25

1st Applicant			
Title: Name:			
Address:			
Post Code:			
Tel: Mobile or Landline:			
Email:	(Please print clearly)		
2nd Applicant (for Joint Membership)			
Title: Name:			
Additional Contact Email (if required):			
(Please print clearly)			
PRIVACY STATEMENT (For Data Protection and Privacy policies, please see the Andover U3A website at www.andoveru3a.co.uk.) The Andover U3A requires you to provide your personal information so that you can be kept informed about events and activities that are offered as part of your membership. In collecting your information, the Andover U3A will: • Store it securely; • Use it to communicate with you as a U3A member; • Share your information with Group Leaders for those groups that you are a member of.	TERMS and CONDITIONS OF MEMBERSHIP All members must: • Abide by the Principles of the U3A movement; • Always act in the best interests of the U3A and never do anything to bring the U3A into disrepute; • Abide by the Constitution of the Andover U3A. (see the Andover U3A website at www.andoveru3a.co.uk) • 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 change to your personal details.		
*I/We apply for Membership of the Andover U3A and Conditions of Membership as stated above. *I/We cor Statement above and that *I/We have completed this	nfirm that *I/We have read and accepted the Privacy		
Signed	Date		
Signed	Date		

The Andover	U3A Newsletter v	vill be posted to e	ach household t	wice a year (Spr	ing & Autumn).		
Please \checkmark this box \square if you would prefer to receive the Newsletter via email rather than by positive positi							
2025. If you	ship Fee is £11 po are opting to recei shold (<u>not</u> per pers	ve the Third Age	Trust publication				
Please ✓ tl	ne Payment Metho	d used for this Me	mbership applica	tion:			
☐ CHEQUE (payable to Andover	U3A)	□ Cash				
□ BANK TRA	NSFER (date transf	er actioned)	1			
Please email	membership@ar	ndoveru3a.co.uk f	or the Bank Tran	nsfer details.			
CONSENT FOR	RM FOR RECEIPT OF	THIRD AGE TRUS	Γ PUBLICATIONS				
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Name(s) (Block	Capitals)						
list for Third Age oversees the di take place with	contact details being Trust publications (o stribution of the Trust my consent. I also un A Membership Secret	ne per household). I a magazines. I unders derstand that I can w	also consent to my d stand that release of	ata being shared wi f my data to other th	th the company that nird parties will only		
Signed			Date				
Signed	Signed						
Andover U Andover U This N Chequ A5 sta	your Andover U3A J3A Membership Selembership Application or Cash (if not managed self-addressed declaration form in	ecretary, 17 Beaum tion Form (complet aking a Bank Trans ed envelope (for yo	ed, signed and da fer payment) ur welcome pack a	rer. SP10 2UB ted) and membership o			
For office use	only						
Date Received	d Database	Amount Paid	Actioned	TAT Consent	Gift Aid		