

## Application for Single/Joint Membership As a New Member of the Andover U3A for Membership Year 2025/26

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 con Statement above and that *I/We have completed this	nfirm that *I/We have read and accepted the Privacy					
Signed	Date					
Signed	Date					

The <b>Andover U3A Newsletter</b> will be posted to each household twice a year (Spring & Autumn).							
Please ✓ this box ☐ if you would prefer to receive the Newsletter via email rather than by post.							
March 2026. If	you are opting	er person, and to receive the l ehold ( <u>not</u> per p	hird Age Trust	publications th	ere is an		
Please ✓ the	Payment Metho	od used for this I	Membership app	olication:			
□ CHEQUE (pay	able to Andover l	J3A)	□ Cash				
☐ BANK TRANS	SFER (date transf	er actioned		)			
Please email m	embership@and	doveru3a.co.uk f	or the Bank Tran	isfer details.			
CONSENT FORM	FOR RECEIPT OF	THIRD AGE TRUST	PUBLICATIONS				
•	_	produced by the N line through this s			•		
Name(s) (Block C	apitals)						
list for Third Age To oversees the distri- take place with my	rust publications (on bution of the Trust	assed to the Third A e per household). I a magazines. I unders derstand that I can w rry.	also consent to my d tand that release of	ata being shared wi my data to other th	th the company that nird parties will only		
Signed			Date				
Signed			Date				
Andover U3  > This Mer > Cheque > A5 stamp	SA Membership S mbership Applicati or Cash (if not ma ped self-addresse	BA Membership  Becretary, 4 St Sw  on Form (complete king a Bank Trans d envelope (for yo you are a tax paye	ed, signed and da fer payment) ur welcome pack a	ver. SP10 4NU ted)			
For office use o	nly						
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