

Dorking and District U3A

Joint Membership Application

To join the Dorking and District U3A, please complete this slip in **BLOCK CAPITALS** and send it to the U3A Membership Secretary:

John Sinclair, 2 The Street, Capel, Dorking, Surrey, RH5 5LE

Please enclose a cheque for **£28** made payable to 'Dorking and District U3A' for your initial annual subscription, plus a **Stamped Addressed Envelope** for your membership cards receipt.

TITLE _____ FIRST NAME _____

SURNAME _____

ADDRESS _____

POST CODE _____ TELEPHONE NUMBER _____

EMAIL ADDRESS _____

MOBILE TELEPHONE NUMBER _____

EMERGENCY CONTACT NAME AND NUMBER _____

TITLE _____ FIRST NAME _____

SURNAME _____

EMAIL ADDRESS _____

MOBILE TELEPHONE NUMBER _____

EMERGENCY CONTACT NAME AND NUMBER _____

How did you hear of us? Website (National or Dorking), Newspaper, Library, Friend or other?

Groups and activities, you are interested in, (including any ideas for new ones)

Please indicate with a tick ✓ in the relevant box whether we have your permission to keep the details above as a computer record for U3A use only?

No objection

Objection

Are you happy to be added to the direct mailing list for Third Age Trust magazines, *Third Age Matters* and *Sources*? If so, please tick the box below.

Magazines direct mail

We consent to our data being shared with the company that oversees the distribution of Third Age Trust magazines.

Signed _____ Date _____

Please complete the Gift Aid form on the next page if you are a tax payer and would like Dorking U3A to reclaim tax on your subscription. This enables us to keep subscriptions as low as possible.

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Gift Aid Declaration

for past, present and future subscriptions

Name of Charity

Dorking and District U3A

Registered Charity Number: 1005743

Details of Taxpayer

Title _____ First Name _____ Surname _____

Address _____

Postcode _____

I wish the Dorking and District U3A to claim tax on all membership subscriptions I have made since 6th April 2008 and that I will make in the future.

I confirm that the amount of Income Tax and/or Capital Gains Tax that I pay each year is greater than any tax reclaimed.

Signature _____ Date _____

Please notify Dorking and District U3A if you: -

- Want to cancel this declaration.
- Change your name or home address.
- No longer pay sufficient tax on your income or capital gains.