Shepton Mallet U3A

Membership 2021-2022

**YOUR DETAILS**

Member 1

|  |  |
| --- | --- |
| Name |  |
| Email\*\* |  |
| Address |  |
|  | Postcode |
| Telephone |  |

Member 2 at same address

|  |  |
| --- | --- |
| Name |  |
| Email\*\* |  |
| Telephone |  |

Emergency Contact Details

|  |  |
| --- | --- |
|  |  |

\*\*To reduce costs, the committee will communicate with you via email where possible.

**MEMBERSHIP FEES**

|  |  |
| --- | --- |
| £10.00 per person per year (1st September-31st August) or £5.00 per half year (1st March-31st August)  Our monthly Newsletter will be sent by email. If you want a copy posted to you, a £12 annual fee applies. |  |
| Membership fees are payable by (please tick one): | |
| Bank transfer to sort code: 40-41-22, account no: 81449354 (please add your name as reference)  Cheque to ‘Shepton Mallet U3A’ |  |

|  |  |
| --- | --- |
| I/We apply for membership of Shepton Mallet U3A and confirm that I/We will abide by the terms of membership as stated overleaf. I/We confirm that I/We have completed the form myself/ourselves. I/We will make full payment of fees due. | |
| Signed | Date |

**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 do nothing to bring the U3A into disrepute.
* Abide by the terms and conditions of the constitution.
* 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 in your personal details.

**PRIVACY STATEMENT**

Please sign the box below to give us permission to use the information you have supplied in the following ways:

* To store it securely for membership purposes.
* To communicate with you as a U3A member.
* To share with group leaders.
* For the Third Age Trust to communicate with you as a member.
* For the distribution of the Third Age Trust Magazine.

I/we consent to my/our data being used for membership purposes, as detailed above.

|  |
| --- |
| Signature(s): |

Please note that you can request for your data not to be used for any of these purposes at any time by contacting us:

Email: admin@sheptonmalletu3a.org.uk

Telephone: 01749 344961

Tick box if you wish to receive the **Third Age Trust magazine**.

Tick box if you have previously made a Gift Aid declaration.

Please return this form to Maggie Fowle, Membership Secretary via email to

[maggie.fowle@hotmail.co.uk](mailto:maggie.fowle@hotmail.co.uk)

OR to the following address: Ingsdon Farmhouse, Bodden, Shepton Mallet, BA4 4PU

**Please enclose an SAE for your membership cards.**

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| **Insurance Members of Shepton Mallet u3a are reminded that the Trust arranges Third Party Liability and Product Liability Insurance on behalf of the affiliated u3as. The cost of this is included in the annual subscription fee that SMu3a pays to the Trust. It should be noted that there is no personal accident insurance included in this arrangement. Members of SMu3a join in activities at their own risk and, should they feel they wish to be covered for personal accidents or personal property, it is necessary for them to make their own private arrangements.** |

**Please complete the Gift Aid Declaration on the next page,**

**If you have not already done so.**

**Shepton Mallet University of the Third Age**

**Registered Charity No 1158730**

**Boost your membership fee/donation by 25p of Gift Aid for every £1**

Gift Aid is reclaimed by the charity from the tax you pay for the current tax year. Your address is needed to identify you as a current UK taxpayer

**In order to Gift Aid your membership fee/donation, you must tick the box below:**

|  |
| --- |
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I want to Gift Aid my membership fee/donation of £\_\_\_\_\_\_\_\_\_\_\_ and any donations I make in the future or have made in the past 4 years to Shepton Mallet University of the Third Age.

I am a UK taxpayer and understand that if I pay less Income Tax and/or Capital Gains Tax than the amount of Gift Aid claimed on all my donations in that tax year it is my responsibility to pay any difference.

Donor’s details

Title \_\_\_\_\_\_\_\_ First name or initial(s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Surname \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Full home address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Postcode \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please notify us if you:

• Want to cancel this declaration

• Change your name, home address or other contact details.

• No longer pay sufficient tax on your income and/or capital gains.

If you pay Income Tax at the higher or additional rate and want to receive the additional tax relief due to you, you must include all your Gift Aid donations on your Self-Assessment tax return or ask HM Revenue and Customs to adjust your tax code.