

Application for Single/Joint Membership
As a New Member of the Andover U3A for Membership Year 2026/27

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 confirm that *I/We will abide by the Terms and Conditions of Membership as stated above. *I/We confirm that *I/We have read and accepted the Privacy Statement above and that *I/We have completed this form *myself / ourselves. *delete as appropriate

Signed Date

Signed Date

The **Andover U3A Newsletter** 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.

The Membership Fee is £11 per person and Membership will require renewing after 31st March 2027

Please ☒ the **Payment Method** used for this Membership application

☐ **BANK TRANSFER** (date transfer actioned)..... ☐ **CASH**

Details for Bank Transfers: (Please use your Initial(s) and Surname as the Reference.)

Sort Code: 30-90-21 **Account:** 77017468 ANDOVER U3A – NO 3 AC

☐ **CHEQUE** (payable to Andover U3A) **If paying by cheque please add 50p to the cheque value (this is to cover additional bank charges for cheques)**

CONSENT FORM FOR RECEIPT OF THIRD AGE TRUST PUBLICATIONS

If you wish to receive the magazines produced by the National Office of the Third Age Trust, **there is an additional fee of £4 per household (not per person)** to be added to your payment. If so, please complete the consent section below.

Please put a diagonal line through this section if you do not wish to receive these publications.

Name(s) (Block Capitals)

I consent to my contact details being passed to the Third Age Trust (TAT), so that I can be added to the direct mailing list for Third Age Trust publications (one per household). I also consent to my data being shared with the company that oversees the distribution of the Trust magazines. I understand that release of my data to other third parties will only take place with my consent. I also understand that I can withdraw my consent given above at any time by contacting the Andover U3A Membership Secretary.

Signed..... Date.....

Signed..... Date.....

To complete your Andover U3A Membership application, please post the following documents to:

Andover U3A Membership Secretary, 4 St Swithin Way, Andover. SP10 4NU

- This Membership Application Form (completed, signed and dated)
- Cheque or Cash (if not making a Bank Transfer payment)
- A5 stamped self-addressed envelope (for your welcome pack and membership card)
- Gift Aid declaration form if you are a taxpayer (one for each applicant).

For office use only

Date Received	Database	Amount Paid	Actioned	TAT Consent	Gift Aid