**PERSONAL INFORMATION**

**Name & title:** (Mr, Mrs, Miss, Ms, Other) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Post Code:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Email address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Phone No:** Mobile: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Landline: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Emergency Contact Details:**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Tel No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**ACCESSIBILITY:**

 TICK THIS BOX IF YOU HAVE POOR SIGHT, HEARING, MOBILITY OR OTHER ISSUES.

OUR MEMBERSHIP SECRETARY WILL CONTACT YOU FOR DETAILS.

**CHARITY GIFT AID DECLARATION**

(Boost your donation by 25p of Gift Aid for every £1 you donate)

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. To Gift Aid your donation, you must tick the box below:

 I want to Gift Aid my donation of £20 / £10 (delete as applicable) and any donations I make in the future or have made in the past 4 years to: **LISBurn u3a**

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: **\_\_\_\_\_\_\_ / \_\_\_\_\_\_\_ / 20\_\_\_**

I am a UK taxpayer, and I 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.

Gift Aidclaimed will be used to help fund all of Lisburn u3a's activities. Please notify Lisburn u3a if you want to cancel this declaration, change your name, or home address or no longer pay sufficient tax on your income and/or capital gains.

**NOTE:** 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.

**Do you belong to another u3a?** YES / NO \_\_\_\_\_\_\_\_

**If yes, which u3a Branch? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**How did you hear about us?**  Friend \_\_ Internet \_\_ Other \_\_\_\_\_\_\_\_\_\_\_

**MEMBERSHIP FEE (payable in advance): £20.00 - Covers year 1st April – 31st March**

If joining between 01 October–31 March, fee is £10.00

**Annual Fee payable by BACS (Online Banking or Standing Order)**

Bank: **Cooperative Bank**          Account Name: **Lisburn U3A**

Sort Code: **08-92-99**          Account Number: **67441767**

**\*\*\*Include your full name in Reference\*\*\***

**OR**

**By Cheque – send to:**

**Membership Secretary C/o 70 Thornleigh Drive Lisburn BT28 2DS**

**Membership Application**

I wish to apply for membership of Lisburn u3a

Membership fee of £ \_\_\_\_\_\_ paid by: Online Bank Transfer / Cheque / Cash (*select)*

*[Do not include cash with postal applications]*

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: **\_\_\_\_\_\_\_ / \_\_\_\_\_\_\_ / 20\_\_\_**

**PRIVACY STATEMENT**

Lisburn u3a processes member information so that we can keep you informed about events, groups, and activities as part of your membership. Lisburn u3a’s lawful basis for collecting this information is legitimate interest/contract. In processing your information, Lisburn u3a will:

* Store it securely for membership purposes for as long as you are a member.
* Use it to communicate with you as a u3a member.
* Use it to share with group leaders for those groups of which you are a member.
* Use it to send you general information about the Third Age Trust (the national organisation to which u3as are affiliated)

I consent to my data being used for membership purposes as detailed above, including being added to the direct mailing list for the Third Age Trust magazine – Third Age Matters and Sources, and consent to my data being shared with the company who oversee their distribution.

   Tick this box to consent to your data being used for the above stated purposes.

You can request that your data not be used for these above stated purposes by contacting the Membership Secretary