

Application Form for Membership

1 October 2026 to 30 September 2027

Your Details

	Title	First Name/ Known As	Last Name/ Surname	Membership No (office only)	
1					
2					
Address					
			Post Code		
Home Tel		Mobile No		Email	
		1		1	
		2		2	
Emergency Contact		Tel/Mobile No	Name		

Membership

Individual £17.50	Individual (Info Posted) £27.50	Joint (at same address) £32.00	Joint (Info Posted) £42.00	Associate* £11.00	Associate* (Info Posted) £21.00

*Associate Membership – please provide name of main u3a and membership number

Name of Main u3a	Membership Number
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Payment – Please indicate which method of payment you will use

	Bank Transfer Co-operative Bank Account Wollaton u3a Sort Code 08-92-99 Account Number 67261361 Use First Name and Surname as payment reference plus name of bank account if different to own name
	Cheque Payable to "Wollaton u3a"

If posting the completed form, please send to:
Wollaton u3a Membership Secretary, 173 Harrow Road, Wollaton, Nottingham, NG8 1FL.
NB – your receipt will be sent out by email or by post and unless specifically requested, no membership card will be produced.

Gift Aid

	I am a UK tax payer and would like to Gift Aid my subscription and any subscriptions or donations I make in the future to Wollaton u3a. I will inform you if this position changes. Further information can be found at https://www.gov.uk/donating-to-charity/gift-aid
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Third Age Trust Magazine – “The Third Age Matters”

I would like to receive the Third Age Trust magazine and consent to my/our data being shared with the company that oversees the distribution of the Third Age Trust magazines.
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Where did you hear about us?

It would be very helpful to know how you became aware of Wollaton u3a

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 terms and conditions of the Constitution.
- Treat fellow members with respect and courtesy at all times.
- Comply with and support the decisions of the committee.
- Advise the committee or any change in your personal details.
- All costs of running Interest Groups are borne by the members of that group.
- Be aware that their photograph may be taken and used for publicity purposes in newsletters and websites. If you do not want to be included you must let the photographer know before the photo is taken.

Privacy Statement

Wollaton u3a requires members to provide their personal information so that members can be kept informed of events and activities that are offered as part of their membership. When collecting this information Wollaton u3a will:

- Store it securely.
- Use it to communicate with you as a u3a member.
- Share your information with group leaders/convenors for the groups of which you are a member.
- Send you general information about the Third Age Trust, the national office to which all u3as are affiliated.

If you do not wish us to use your information, please inform the Membership Secretary.

Full details of the “Constitution” and “Privacy Policy” are available on the Wollaton u3a website at wollaton.u3asite.uk and then click on to the link for “Documents”. If you would prefer a printed copy, please ask one of the members of the Committee.

How to become more involved with Wollaton u3a

The success of your u3a is totally dependent upon the goodwill, generosity and full participation of members volunteering their time and skills. How will you help to further the success of, or improve, Wollaton u3a? Can you:

- Bring skills and enthusiasm to the committee?
- Help with monthly main meetings (eg making coffee; setting up the hall; meeting and greeting)?
- Run a new interest group and bring your interests to others?
- Help with a new or existing interest group?
- Help with newsletters, magazines, publicity?

This list is not exhaustive and your committee is keen to talk to you about any area in which you think you may be able to help.

Membership Agreement

I/We apply for membership of Wollaton u3a and confirm that I/We will abide by the terms and conditions of membership as stated above and will make full payment of fees with this application.

Signed

Date

Signed
(2nd signature required for joint membership)

Date