



Membership Application
for year 1st January to 31st December 2020

*I/we wish to apply for membership of Lindsey U3A

Mr/Mrs/Miss	First name	Surname
Mr/Mrs/Miss	First name	Surname
Address		
		Post Code
Telephone incl std		Mobile(s)
Email address(es)		
Contact to call in case of Emergency		

I/We agree to adhere to the rules and constitution of the Lindsey U3A.

Signature **Date**

The joining fee is £17 per person payable at the next General Meeting or by post to the Membership Secretary. Please pay by cheque made payable to “Lindsey U3A”. If you want to use bank transfer, the details are Sort Code” 60-13-15, Account no. 16568737, Reference: (Your name).

All membership enquiries to our Membership Secretary, Mandy Murphy, 01673 565295 or by email memlu3a@gmail.com

I would be interested in joining the committee or helping in some other way

Are you a full or associate member of another U3A? Which one?

I would like to talk to someone about starting a new interest group

I would like a form for Gift Aid to help Lindsey U3A with expenses.....

Please take a moment to read and sign the statement overleaf.

Your information is held within the U3A and is never divulged to third parties.

PRIVACY STATEMENT:

Please tick 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 those groups of which you are a member*
- To send you general information about Third Age Trust (the national organisation of which U3A's are affiliated).*

I consent to my data being used for membership purposes as detailed above

Please be advised that you can request for your data not to be used for any of these purposes at any time by contacting the Membership Secretary.

Occasionally we would like to use photographs of our members taking part in various activities in our Newsletter, Website or on displays. If you do not wish your photograph to be used in this way it is your responsibility to inform the photographer.

Full Name(s):

Signed: Date:

Signed: Date:

Please return to Mandy Murphy, 68 Lincoln Road, Dunholme. LN2 3QY in an envelope with your cheque at a meeting or by post.
