

ENROLMENT FORM 2018-19

MEMBERSHIP NUMBER

SURNAME FIRST NAME TITLE

ADDRESS POSTCODE

TEL NO. E-MAIL ADDRESS

<i>Code</i>	<i>Subject</i>	<i>Day</i>

You may apply for up to 8 Groups and precedence will be given to the first 4 choices above. Please **DO NOT** apply for more Groups than you intend to join.

GIFT AID - I am a UK tax payer and wish to gift aid my donation and any donations I make in the future, or have made over the past 4 years, to Ferndown U3A (Charity number: 1073206).

Please sign below, **even if you have done so in previous years.**

Please sign:

I enclose a cheque for £.....

Date:

EMERGENCY CONTACT - Please provide details of someone we may contact in the event of any accident or emergency.

Name RELATIONSHIP

TELEPHONE NUMBER EMAIL:

PRIVACY STATEMENT

Please sign 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 the leaders of your Groups that you are a member of.
- 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.

Signed:

Date:.....

Please be advised that you can request for your data not to be used for any of these purposes at any time by contacting us: Email: **ferndownu3a@googlemail.com**

www.ferndownu3a.co.uk