Kings Hill & District U3A Membership Application

Member		ings thin & District OSA Michibership Application
Title:	Name:	(Print) Mobile Tel:
Email		Home Telephone:
Address	s:	
		Postcode:
Member	r 2 at same addres	s– leave blank if not applicable
Name:		
Email		Mobile telephone:
Are you	u a member of and	other U3A group? YES / NO (This section must be completed)
Emergen	ncy contact (If you	r partner is also a member please give an alternative emergency contact)
Name:		
Telepho	one:	
mandate	e when this form	d method of payment is by Direct Debit. You will receive an email request to complete a direct debit is processed. r have objections to paying by direct debit you can pay by cheque or by bank transfer.
PRIVACY	/ STATEMENT	
	_	ct U3A requires members to provide their personal information so that you can be kept informed about ites that are offered as part of your membership. In collecting your information Kings Hill & District U3A
	•	for membership purposes.
•	Share it with grou	nicate with you as a U3A member. Ip leaders for those groups that you are a member of. Information about the Third Age Trust (the national organisation to which U3As are affiliated)
	your address deta If you do not wis	e the quarterly Trust Magazines – Third Age Matters and Sources, Kings Hill & District U3A need to share ails with the company who manage the distribution. The us to share your details with the company, please opt out by ticking this BOX. The mean you will not receive the Trust Magazines)
		at they may be included in member's photographs that are from time to time used in the Kings Hill e Kings Hill U3A website. If you have any objection to this, please notify the Membership Secretary.
	e advised that you nembership@kings	can request for your data not to be used for any of these purposes at any time by contacting us at: shillu3a.org.uk
signed		Dated
(memb	oer 1)	
signed	,	Dated

(now complete page 2)

(member 2 if applicable /for joint membership both applicants to sign)

Do you have any special requirements that we need to be aware of?

Kings Hill and District U3A welcomes members with disabilities or special requirements and aims to provide a friendly and inclusive environment where everyone can attend meetings and get involved with group activities.

We will work with any member with a disability to understand their needs and offer support.

We will take all reasonable steps to ensure that potential members with a disability, whether obvious or hidden, can participate as fully as possible. If you want more information please contact: diversity@kingshillu3a.org.uk

Gift aid your membership fee

For joint membership applications with both applicants wishing to Gift Aid their subscriptions please print, complete and submit this page for both applicants.

Charity Gift Aid Declaration

Charle, Cherma Declaration
Are you a UK tax payer? If the answer is yes you could boost your subscription by 25p of Gift Aid for every £1 you pay. Gift Aid is reclaimed by Kings Hill & District U3A from the tax you pay for the current tax year. Your address is needed to identify you as a current UK taxpayer. If you choose to donate Gift Aid your details will be shared with HMRC. In order to Gift Aid your donation you must tick the box below:
I want to Gift Aid my donation of £ 15 and any donations I make in the future or have made in the past 4 years to:
Name of Charity – Kings Hill & District U3A I am a UK taxpayer and 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.
Title First name or initial(s) Surname
Full Home address:
/ Post Code:
Date
Please notify the charity if your

Please notify the charity if you:

- want to cancel this declaration
- change your name or home address
- no longer pay sufficient tax on your income and/or capital gains.

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.

PLEASE PRINT THIS FORM AND SEND BOTH PAGES TO:

KHAD MEMBERSHIP. C/O 12 BANKY MEADOW, BARMING. MAIDSTONE. ME16 9LA

IF YOU HAVE CHOSEN NOT TO PAY BY DIRECT DEBIT PLEASE ENCLOSE A CHEQUE FOR YOUR SUBSCRIPTION/S PAYABLE TO KINGS HILL & DISTRICT U3A.

FOR PAYMENT BY DIRECT DEBIT YOU NEED DO NOTHING AT THIS STAGE.