

# Kings Hill & District U3A Membership Application

## YOUR DETAILS

Member 1

Title:	Name:	(Print)	Mobile Tel:
Email**	Home Telephone:		
Address:			
			Postcode:

Member 2 at same address– leave blank if not applicable

Name:	
Email**	Mobile telephone:

Are you a member of another U3A group? <b>YES / NO</b> (This section must be completed)
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Emergency contact (If your partner is also a member please give an alternative emergency contact)

Name:
Telephone:

## MEMBERSHIP FEES

SUBSCRIPTION IS £20 - Please note that you are paying for a full 12 months' membership and renewal will be due on your joining date each year.

**PAYMENT - Our preferred method of payment is by Direct Debit. You will receive an email request to complete a direct debit mandate when this form is processed.**

If you do not have email or have objections to paying by direct debit you can pay by cheque or by bank transfer.

## PRIVACY STATEMENT

1. Kings Hill & District U3A requires members to provide their personal information so that you can be kept informed about events and activities that are offered as part of your membership. In collecting your information Kings Hill & District U3A will:
  - Store it securely for membership purposes.
  - Use it to communicate with you as a U3A member.
  - Share it with group leaders for those groups that you are a member of.
  - Send you general information about the Third Age Trust (the national organisation to which U3As are affiliated)
2. In order to receive the quarterly Trust Magazines – Third Age Matters and Sources, Kings Hill & District U3A need to share your address details with the company who manage the distribution.  
**If you do not wish us to share your details with the company, please opt out by ticking this BOX.**   
**(This will therefore mean you will not receive the Trust Magazines)**

Applicants should note that they may be included in member's photographs that are from time to time used in the Kings Hill U3A newsletter and on the Kings Hill U3A website. If you have any objection to this, please notify the Membership Secretary.

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 at:

Email: [membership@kingshillu3a.org.uk](mailto:membership@kingshillu3a.org.uk)

signed	Dated
(member 1)	
signed	Dated
<b>(member 2 if applicable /for joint membership both applicants to sign)</b>	

(now complete page 2)

# 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

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 £ 20 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.

### My Details

Title \_\_\_\_\_ First name or initial(s) \_\_\_\_\_

Surname \_\_\_\_\_

Full Home address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Postcode \_\_\_\_\_ Date \_\_\_\_\_

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 44 STIRLING ROAD,  
KINGS HILL,  
KENT,  
ME19 4RD**

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.