U3A Vall del Pop

MEMBERSHIP APPLICATION FORM

NB: Membership is restricted to individuals who are not in full-time employment

PLEASE COMPLETE THIS FORM USING BLOCK CAPITALS

Name:	
Address :	
Town:	Post code:
Tel:	Mob:

EMAIL ADDRESS (or one for a contact if you do not have one of your own)

ONE LETTER/NUMBER PER BOX – PLEASE WRITE CLEARLY IN BLOCK CAPITALS AND DISTINGUISH BETWEEN EASILY CONFUSED LETTERS/NUMBERS SUCH AS 'O' AND 'ZERO', '1' AND '7', '5' AND 'S'

My main interests are:

I would be interested in leading a group in:

Responsibilities of Membership of the U3A Vall Del Pop.

1) Changes to the details shown above should be advised via the Membership Change Form on the website.
2) I understand that my renewal fee is due on 1st January each year.
3) I understand that I participate in activities at my own risk and with my own insurance cover, and that neither the U3A Vall Del Pop Committee nor the Group Leaders are responsible for any injuries, mishaps or losses that may occur.
4) Please tick the boxes below to give the U3A Vall Del Pop consent to use the information you have supplied in the following ways:
   - To use and store it securely for administration purposes.
   - To share with the respective Group Leader(s) for the group(s) of which you are a member.
   - I am aware that the full Privacy and Data Protection policies are under "ABOUT" on the web site.

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

☐……..I consent to my email address being used to receive emails from the U3A Vall Del Pop also I am aware that I can withdraw this consent at any time as detailed in the Privacy Policy. .

5) I agree to comply with the Terms & Conditions of Membership as set out in the Constitution.

Have you been a Member of the U3A VAll del Pop before? YES/NO

I agree to the Responsibilities as set out above and apply to become a member of the U3A Vall Del Pop.

Signed:..... Date:...../...../.....

FOR OFFICIAL USE: Amount paid: Membership number: