

For internal use:

Received	Paid cash / cheque/Bacs	Logged	Membership Number
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Membership Registration Form and Gift Aid Declaration
HIGH WYCOMBE and DISTRICT u3a 2025 - 2026
Registered Charity 1065069

YOUR DETAILS <i>(Block Capitals)</i>		
Forename	Surname	Title
email	Telephone	
Address		
Postcode		
ICE (In Case of Emergency) <i>optional</i> , NAME:	ICE Telephone	
MEMBERSHIP FEES SEPTEMBER 2025 - AUGUST 2026		
<i>please tick where applicable</i>		
<input type="checkbox"/>	New Member joining between 1 st September 2025 – 28 th February 2026	£32.00
<input type="checkbox"/>	New Member joining between 1 st March 2026 - 31 st August 2026	£18.00
<input type="checkbox"/>	Associate Member: if you are already a member of another u3a, the fee reduced by £4 Please state the Name of the other u3a	- £4.00
<input type="checkbox"/>	u3a Matters Magazine delivery for the year <i>Your address will be shared with the company which distributes the magazine</i>	£4.00
Please complete the amount you are sending for payment		TOTAL
<i>These fees include a £4.00 subscription to our national organisation, the Third Age Trust, which provides a wide range of services and benefits, including liability insurance cover</i>		
PAYMENT		
<input type="checkbox"/>	Cheque payable to High Wycombe and District u3a	
<input type="checkbox"/>	BACS Account Name: High Wycombe and District u3a Sort Code 23 - 05 - 80 Account No. 5641 7001 Reference:: Your Name	
WHERE DID YOU HEAR ABOUT US? A Friend, a Poster, a Website, somewhere else?		
GIFT AID DECLARATION (OPTIONAL) I AM / I AM NOT a taxpayer (delete as necessary) <i>To help us by gift aiding your subscription so u3a can reclaim the tax, please tick the box</i> <input type="checkbox"/> I want the charity to treat all donations I have made from the date of this declaration as GIFT AID donations. Please keep us updated of any changes to your Tax Status and home address promptly.		
I apply for membership of High Wycombe and District u3a and confirm that I will abide by the Terms & Conditions of membership detailed on our Website: https://www.highwycombe.u3asite.uk		
I confirm that I have completed the form myself. I will make full payment of fees due as soon as is reasonably practicable. By signing I consent to my data being used for membership purposes as detailed in our Privacy Policy on our Website.		
Signed: _____		Date: _____

IF PAYING BY CHEQUE, PLEASE SEND IT WITH THIS FORM TO: THE MEMBERSHIP SECRETARY, HIGH WYCOMBE & DISTRICT U3A, ELWOOD, COLVILLE ROAD, HIGH WYCOMBE, HP11 2SY.
IF PAYING BY BACS, EMAIL THIS FORM to : hwu3amemsec@gmail.com