

For internal use:

Received	Paid cash / cheque/Bacs	Logged	Membership Number
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Subscription Renewal Form and Gift Aid Declaration HIGH WYCOMBE and DISTRICT u3a 2026 - 2027

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 2026 - AUGUST 2027		
<i>please tick where applicable</i>		
☐	Renew Annual Membership Fee	£32.00
☐	Associate Member: if you are already a member of another u3a, the fee is reduced by £4 Please state the Name of the other u3a	- £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, other interest groups & includes liability insurance cover.</i>		
PAYMENT		
☐	Cheque payable to High Wycombe and District u3a	
☐	BACS Account Name: High Wycombe and District u3a Sort Code 23 – 05 - 80 Account No. 5641 7001 Reference: Your Name & Postcode	
GIFT AID DECLARATION (<i>optional</i>)		
I AM / ... IAM NOT ... a taxpayer (<i>delete as necessary</i>)		
<i>To help us by gift aiding your subscription so u3a can reclaim the tax, please tick the box</i> ☐ I want the charity to treat all donations I have made from the date of this declaration as GIFT AID donations.		
The membership subscription fee for this u3a is either £32 or £28 for Associate Membership. Gift Aid will be claimed on these amounts. The fee secures membership of the u3a only and does not secure rights to personal use of any facilities or services provided by the u3a.		
Please keep us updated us of any changes of Tax Status and home address promptly.		
Our Terms & Conditions and Privacy Policy are stated on our Website https://www.highwycombe.u3asite.uk		
Signed: _____ Date: _____		

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