

RIPLEY and DISTRICT u3a
MEMBERSHIP APPLICATION
FORM 2026

Single/Joint Membership

(Please complete all sections as required on both sides of this form)

We would be grateful if you could complete the following in **BLOCK CAPITALS**
MEMBER 1

Title: Mr Mrs Ms Miss Dr (please circle as necessary)

First Name/s: _____ **Last Name:** _____

Address

(Please include Postal Code as this will be used for Direct Mailing)

Postal Code

Telephone Number:

(Please include area code)

Mobile Telephone Number:

Email Address:

(To save costs, the committee will use email whenever possible)

Please list the name if you are a member of another u3a and have paid the full/reduced (delete as appropriate) membership fee. _____
£ _____

MEMBER 2

(Living at the same address)

Title: Mr Mrs Ms Miss Dr (please circle as necessary)

First Name: _____ **Last Name:** _____

Please list the name if you are a member of another u3a and have paid the full/reduced (delete as appropriate) membership fee. £ _____

EMERGENCY Name: _____ **Tel:** _____
CONTACT:

Signed: _____ **Date:** _____

For new members only:

Where did you hear about our u3a? _____

One member
£20.00 annually

Two members at the same address
£40.00 annually

If you belong to another u3a and have paid the full fee, we will reduce your membership fee to £16 (please provide proof or show your Membership Card/Receipt).

Name of other u3a..... Full fee paid £

These fees include a £4.00 membership fee paid to our national organisation, the Third Age Trust, which provides a wide range of services and benefits, including liability insurance cover.

I/We have enclosed cash or a cheque made payable to Ripley and District u3a for £ _____

Please send this completed form to:-

Treasurer - 7 Castlefields, Codnor Park, Notts, NG16 5QJ

Please remember to complete both sides of this form.

PRIVACY STATEMENT - 2026

TERMS AND CONDITIONS OF MEMBERSHIP

All members must:

- Abide by the Principles of the u3a movement (as on u3a website)
- Always act in the best interests of the u3a and never do anything to bring the u3a into disrepute.
- Abide by the terms and conditions of our constitution.
- Treat fellow members with respect and courtesy at all times.
- Comply with and support the decisions of the elected committee.
- Advise the committee of any change in your personal details.
- Abide by the Member Code of Conduct. (as on u3a website)

I/We apply for membership of Ripley & District u3a and confirm that I/We will abide by the terms of membership as stated above. I/We confirm that I/We have completed the form myself/ourselves or have been assisted to do so. I/We will make full payment of fees due as is reasonably practicable.

Signed

Member 1

Member 2

Date

PRIVACY STATEMENT

Ripley & District u3a processes member information so that we can keep you informed about events, groups and activities as part of your membership. Ripley & District u3a's lawful basis for collecting this information is for legitimate interest/contract. In processing your information Ripley & District u3a will:

- ◆ Store it securely
- ◆ Use it to communicate with you as a u3a member.
- ◆ Share your information with group coordinators for those groups that you are a member of.
- ◆ Send you general information about the Third Age Trust*.

* The Third Age Trust are the national office to which all u3as are affiliated.

Are you happy to be added to the direct mailing list for the Third Age Trust magazine - The Third Age Matters if so please tick the box below:

I consent to my data being shared with the company who oversee the distribution of the Trust Magazines.

As part of your membership you will be sent the Third Age Trust publication - Third Age Matters. **If you do not wish to receive the magazine, please tick the box on the left.**

Please be advised that you can request for your data not to be used for direct postal mailing of Third Age Trust magazine at any time by contacting:

Treasurer - Ripley & District u3a - Brian Stephens - brian.lyne@gmail.com

Signed:

Date:

For internal use:

Received	Paid	Logged	Membership Number//s
/ /2025/6	Y / N	Y / N	