



MEMBERSHIP APPLICATION FORM FOR THE PERIOD 1ST JANUARY TO 31ST DECEMBER 2016

Details: (Please print)					Details: (Please print)					
Title	Mr/Mrs/Miss/Ms/Dr/other:				Title	Mr/Mrs/Miss/Ms/Dr/other:				
Surname					Surname					
Other names					Other names					
Preferred					Preferred					
name for the					name for the					
badge					badge					
Are you a new member Yes: No:					Are you a new r	nember	Yes:		No:	
,		ll	l l		,			1		
Gift Aid Claim by the Porthcawl U3A: Gift Aid Claim by the Porthcawl U3A										
Please read the	-		Please read the declaration, tick the box, sign and date.							
GIFT AID DON		,	GIFT AID DONATION							
	Please print clearly									
Full name	ricase	print clea	Full name							
T dil fidific			T dil fidiric							
House Name	r Number	and Post	House Name or Number and Postcode:							
House Name or Number and Postcode:					House Name of Number and Postcode.					
Lwish Gift Aid to apply to the enclosed denation					I wish Gift Aid to apply to the enclosed donation.					
I wish Gift Aid to apply to the enclosed donation. Yes No (tick one box)					Yes No (tick one box)					
I am a UK taxpayer and understand that if I pay less					I am a UK taxpayer and understand that if I pay less					
Income Tax and/or Capital Gains Tax than the amount					Income Tax and/or Capital Gains Tax than the amount of Gift Aid claimed on all my denations in that tax year					
of Gift Aid claimed on all my donations in that tax year					of Gift Aid claimed on all my donations in that tax year					
it is my responsibility to pay any difference.					it is my responsibility to pay any difference.					
Signature:	ignature: Date:			Signature:	Date:					
Address:										
Auuress.							-			
Postcode							C		العامية	
							-		you the	
Telephone							Newsletter by e-mail?			
E-mail addr	ess						Yes		No	
Please state below your interests to help us arrange programmes that appeal to members										
The state of the s										
Please return this form with your subscription of £35 per person (£17.50 per person if joining after 31st July 2016) to:										
Dr David Parry MBE, Greyholme, West Road, Nottage, Porthcawl CF36 3SS										
		C	Cheques to be	e made pa	yable to Porthca	wl U3A				
Please do not staple the cheque to this application form										

Note: The information on this form will be held on computer but will solely be used for the administration of the U3A. Registered Charity No. 1052905

If a new member, where did you learn about the U3A?

Please inform Dr Parry MBE if you do not intend to rejoin in 2016

Friend/Advertisement/Website/Open Day/other