



HUDDERSFIELD & DISTRICT UNIVERSITY OF THE THIRD AGE

Registered Charity 516502

E-mail: office@huddersfieldu3a.org

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MEMBERSHIP APPLICATION FORM 2025/26

I wish to apply for membership of Huddersfield & District University of the Third Age.

I understand that payment of the annual membership of **£18** will enable me to participate in the activities of the organisation for the twelve months beginning 1 April 2025.

Title:		Forename: (which you are known by)		Surname:		Initials:	
Address:							
Post Code:				Telephone:			
Email:							

Signed _____

Date _____

Completing this form signifies your agreement that Huddersfield and District U3A may hold your data on a computer database; it will not be divulged to any third party. For more information see the privacy policy on our website.

GIFT AID DECLARATION

As a Registered Charity, Huddersfield and District U3A treats the Annual Membership Fee as a donation and the tax can be reclaimed from the Inland Revenue providing the member is a UK taxpayer and pays either Income Tax or Capital Gains Tax. The amount of tax we are able to claim back is £4.50 for each subscription of £18. The signed declaration below will remain permanently in force unless we are notified of a change in your circumstances. Please note there is no limit to the number of charities for which you can authorise gift aid.

Title:		Forenames:		Surname:		Initials:	
Address:							
Post Code:							

I would like the Huddersfield & District University of the Third Age to treat as Gift Aid all the donations I have made since 6 April 2000 and all donations I make from the date of this donation until further notice. I am a UK taxpayer.

Signed _____ Date _____

Please pay **£18** by bank transfer to **Huddersfield and District U3A, Sort Code 40-25-10 Account number 34017021** or by cheque payable to "Huddersfield & District U3A" and send to: **U3A, Aspin House, Block B, Station Road, Huddersfield, HD2 1UT**

How did you hear about Huddersfield U3A? Please write in: _____

Office use only _____

Prospectus issued _____ Membership No _____ Date _____