LEICESTER u3a Charity no: 1083274

Received:

Gift Aid: Yes/No Cheque No / cash

APPLICATION FOR MEMBERSHIP: SUBSCRIPTION FORM FOR 2026

	Individual	Associate*		
When joining between 1st November 2025 and 30 June 2026	£20	£16		
When joining between 1 st July 2026 and 31 st October 2026	£12	£8		
Membership runs from the date of joining until the end of 2026				
*Associate membership is for those who have paid a full subscription to another u3a this year.				

To join, complete this form and return it with your cheque to the Membership Secretary –

Mrs A Barnes, 111 Asquith Boulevard, West Knighton, Leicester LE2 6FE

Cheques should be made payable to LEICESTER u3a.

NB CASH can ONLY be accepted at the monthly general meeting.

If you are a UK taxpayer, please also complete the gift aid form.

This increases the value of your subscription to us. You only need to do this ONCE.

FULL NAME						
TITLE Mr/Mrs/Ms/		PREI	FERRED FIRST NAM (for badge)	E		
	EMAIL ADDF	RESS			MOBILE NUMBER	
ADDRESS						
				_		
POSTCODE			HOME PHONE NUMBER			
EMERGENCY CONTACT DETAILS						
NAME OF ANY OTHER LEICESTER u3a MEMBER AT YOUR ADDRESS						
FOR THOSE APPLYING FOR ASSOCIATE MEMBERSHIP						
Name of u3a to	which you pay a fu	II subs	scription:			
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
Period of subscription:						
remod of subscription.						
Please attach proof of your membership (a photocopy will suffice)						
For Leicester u3a: approved by						
All those applying should now complete the declaration on page 2.						

I apply for membership of Leicester u3a and confirm that:							
- I will comply with the terms and conditions of membership (see below).							
 I have completed the form m 	nyself.						
 I have enclosed payment of £ for Individual / Associate* membership. 							
- (Cheques should be made pa	yable to Leicester u3a .)						
*Delete as necessary. For Associate	membership, also complete the o	details required on p1.					
services to you,share it with group convenoruse it for administration, pla	offered as part of membership. ster u3a will:	ide our u3a activities and are or become a member, Ba,					
Are you happy to be added to the mailing list for the Third Age Trust magazines – u3a Matters and Sources? If so, please tick the box below. If you do not consent, you will not receive the magazine. Associate members do not receive the magazine from this membership.							
_	shared with the company that ov ission will apply for the whole ter						
You can request for your data not to be used for any of these purposes at any time by contacting the Membership Secretary (contact details below) and would then no longer receive the magazine.							
Signed	Date						
How did you hear about Leicester u3a?	Please tick any that apply:						
From a friend/relative	Website	Open Day					
Presentation (please give venue)	Local press	Other advertising (please specify)					

If you have any queries, please contact Angie Barnes, the Membership Secretary, by telephone on (0116) 2152751 or email membership@leicesteru3a.org.uk.

Social or mental health

professional

Doctors' surgery

Please inform the Membership Secretary if your contact details change.

Terms and conditions of membership

All members must:

Other (please specify)

- 1. Abide by the Aims and Guiding Principles of the u3a movement.
- 2. Always act in the best interests of the u3a and never do anything to bring the u3a into disrepute.
- 3. Abide by the terms and conditions of the constitution of Leicester u3a.
- 4. Treat fellow members with respect and courtesy always.
- 5. Comply with and support the decisions of the elected committee.
- 6. Advise the committee of any change in their personal details.

GIFT AID DECLARATION

Name of Charity THE LEICESTER u3a Charity No 1083274

Details of Donor				
Title Surname				
Forename(s) (in full please)				
Address				
Post Code				
I am a UK taxpayer. I want the Charity to treat -				
the enclosed donation (subscription) of £				
 all donations I make from the date of this declaration as Gift aid donations until I notify you otherwise. 				
I understand that, as part of the process of the u3a claiming gift aid, my name and address will be shared with HMRC, and I consent to this.				
Signed Date				

NOTES

- 1. You must pay an amount of income tax and/or capital gains tax at least equal to the tax that the charity reclaims on your donations in the tax year (currently 25p for each £1 you give)
- 2. You can cancel this declaration at any time by notifying The Leicester u3a
- 3. If in the future your circumstances change and you no longer pay tax on your income and capital gains equal to the tax that the charity reclaims, you can cancel your declaration (see Note 1)
- 4. If you pay tax at the higher rate, you can claim further tax relief in your Self Assessment Tax Return.
- 5. If you are unsure whether your donations qualify for Gift aid tax relief, ask the charity, or ask your local Tax Office for Leaflet IR65
- 6. Please notify Leicester u3a if you change your name or address.

Please see notes overleaf on how to complete this form

COMPLETING THE GIFT AID FORM

- 1. Please read the notes on the form carefully, especially the one relating to being a taxpayer, before you complete the form. If you are a UK taxpayer this will enable us to reclaim the tax at basic rate. If you are a higher rate taxpayer, you will be able to reclaim the excess over the basic rate via your self-assessment form for the appropriate tax year.
- 2. Full first names are needed for the return to HMRC.
- 3. Please enter the amount in the field 'I want the Charity to treat -
- 4. Please sign and date the form and return it with the subscription form to the Membership Secretary, Mrs A J Barnes, 111 Asquith Boulevard, Leicester. LE2 6FE.

If you have any questions relating to this form, please contact the Treasurer at: - treasurer@leicesteru3a.org.uk.