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**MEMBERSHIP APPLICATION FORM FOR GLASGOW WEST END U3A Mar 2026 – 31 March 2027**

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**PERSONAL DETAILS (PLEASE PRINT)**

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1. Title: First name: Last name:

First name you wish to be called by (if different from above):

2. Address

Postcode:

3. Telephone(s) – landline: mobile:

4. Email address:

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**CATEGORY OF MEMBERSHIP:** Individual, £15.00; Joint, £12.50 for each of two members living at the same address; Associate (and Joint Associate), £10 per person if you are already a current member of another U3A. Your original annual membership (of any U3A) covers your membership of our national organisation, *The Third Age Trust*, which provides a wide range of services and benefits, including liability insurance cover and the delivery of the *Third Age Matters* magazines.5. Please **underline** as appropriate: Individual Joint Associate Joint Associate

If an Associate member, of which other U3A are you a current member?

**TERMS AND CONDITIONS OF MEMBERSHIP**

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All members must:

- abide by the Aims and Guiding Principles of the U3A movement,
  - 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 the constitution,
  - treat fellow members with respect and courtesy at all times,
  - comply with and support the decisions of the elected committee, and
  - advise the Membership Secretary of any change in your Personal Details as entered above.
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**PRIVACY STATEMENT**

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Your personal details will be stored in a secure database and will be used solely and necessarily for the purposes of administration and the communication of U3A matters – for instance, they may be shared with group coordinators of those groups of which you are a member.

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**HOW DID YOU HEAR ABOUT US?**

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I apply for membership of Glasgow West End U3A and confirm the following by **underlining** Yes or No as appropriate:

I will comply with the Terms and Conditions of Membership as stated above. **Yes / No**I consent to my data being used in accordance with the Privacy Statement. **Yes / No**I have completed the form myself. **Yes / No**

Signed:

Date: