



APPLICATION FOR MEMBERSHIP	Please compl	ete form in BLOCk	CAPITALS W
TITLE:	SURNAME:		MEMBERSHIP NO:
FIRST NAME(S):	Name known by (optio	nal):	
ADDRESS:			
POST CODE:			
PHONE: Home:	Mobile:		
EMAIL ADDRESS:			
If your spouse / partner is already a member	of MKu3a please indicat	e their membership nur	mber
BACS (preferred): Pay MKu3a using the Account Name: MKU3A Account No Cheque / Postal Order: Send cheque / p Secretary at the MKu3a office	: 24979482 <b>Sort Code</b> : 2	23-05-80 <b>Ref</b> : Ne	ew App / ( <i>Surname</i> )
GIFT AID DECLARATION  Using Gift Aid means that for every £1 of you			
Please treat my current and future personal s much tax on my income or capital gains as N future or I no longer pay sufficient tax on my <b>Signature:</b>	1Ku3a will reclaim. I will		
PRIVACY STATEMENT			
Please tick the box below to give us permissing To store it securely for membership processes and a securely for membership processes and a secure processes are processes and a secure processes are processes and a secure processes and a secure processes are processes and a sec	ourposes. nember. e groups of which you ar out the Third Age Trust (t	e a member. ne national organisatior	
Are you happy to be added to the direct mai so, please tick the box below:	ling list for the Third Age	Trust magazines – Th	ird Age Matters and Sources? If
☐ I consent to my data being shared w	ith the company who ove	rsee the distribution of	the Trust Magazines.
If you have provided us with your email address Membership Secretary if this is unsuitable for		embership notifications	by email. Please contact the
SIGNATURE: Please enrol me as a memb	er of MKu3a		
Signature of applicant:		Date:	
OFFICE USE ONLY: DU LP	PP	LS	GA