Membership Renewal 2025 - 2026

Title …… Forename(s)…… Surname ……

Phone …… Mobile ……

Email Address

Please print neatly – one character in each box

Full Postal Address ……

…… Post Code ……

Are you a member of any other u3a? …… Please specify ……

Gift Aid Declaration

☐ I am not a UK taxpayer and/or do not wish to Gift Aid my subscription.

☐ I am a UK taxpayer and would like to Gift Aid all my qualifying gifts of money made today, in the past 4 years and in the future (delete as required). I confirm I have paid or will pay an amount of Income Tax and/or Capital Gains Tax for each tax year (6 April to 5 April) that is at least equal to the amount of tax that all the Charities and Community Amateur Sports Clubs (CASCs) that I donate to will reclaim on my gifts for that tax year. I understand a charity or CASC will reclaim 25p of tax on every £1 that I give and that if I pay insufficient tax I will be responsible to pay the difference.

Please notify the Treasurer (treasurer@knoleu3a.org.uk) if you:
1. Want to cancel this declaration;
2. Change your name or home address; or
3. No longer pay sufficient tax on your income and/or capital gains.

If you pay Income Tax at the Higher or Additional Rate and want to receive the additional tax relief due to you, include all your Gift Aid donations on your Self Assessment tax return or ask HMRC to adjust your tax code.

Emergency Contact: Name …… Relationship …… (e.g. Relative, friend, etc) (optional)

Phone ……

Please advise any disabilities of which you would like us to be aware ……

The full year's subscription is **£12**

Please complete this form and give/send it to:

Jenny Wickham, 22 Wildernesse Mount, Sevenoaks, TN13 3QS. Email: membership@knoleu3a.org.uk

Fees can be paid by Bank Transfer to Knole u3a.

Please note new bank details: (Please delete old details that may be stored in your bank records)

Knole u3a, Sort Code: 30-99-50, Account No. 59860763 **preferred method** ☐

Or cheque (payable to Knole u3a) ☐ or cash (in person at a meeting) ☐

Please indicate method of payment.

I confirm that I have permission from the above-mentioned Emergency Contact to share their details with U3A

Signed …… Date ……