

# Dewsbury & District Third Age

## Application for Membership (please complete in BLOCK CAPITALS)

First Name (s): \_\_\_\_\_ Last Name: \_\_\_\_\_

Title: Mr / Mrs / Miss / Ms (please circle which you wish us to use).

Address: \_\_\_\_\_

Post Code: \_\_\_\_\_

Tel No: \_\_\_\_\_

Email: \_\_\_\_\_

Mobile: \_\_\_\_\_

In the unlikely event that you were to be taken ill or suffer an injury whilst at class, who would you wish us to contact in an emergency on your behalf or whose details should we pass on to the Emergency Services?

Emergency Contact: Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Contact Telephone No: \_\_\_\_\_

Due to the new Data Protection Regulations 2018 we require your consent to retain your personal data so that we can communicate with you and keep you informed about Dewsbury & District Third Age events. Your details will not be sold or shared with any other party and will only be used by designated members of this Committee and your course tutors. It is important that you notify your tutor or the Chairman if any of the above details should change during the year.

I consent for my data being used solely for membership purposes as detailed above. (Please tick)

Photographs may be taken at events or in Groups. Please tick if you are happy for these to be used on the Dewsbury & District Third Age website or displays to publicise the work of the group.

I wish to enrol for the following classes:

Class No.	Class Title	Venue	Day	Cost
			Membership Fee:	£5.00
			<b>Total Paid:</b>	

Signed: \_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

### GIFT AID (for tax payers only)

If you pay income tax on your personal pension or other income, you are eligible for GIFT AID. This does not cost you anything but as we are a Registered Charity we are able to claim some of your tax back from HMRC on your membership fee. So, if you are eligible, please consider this and sign the declaration below.

I want Dewsbury & District Third Age to treat the £5 membership as a donation in order to claim **GIFT AID**. I understand that I will pay enough tax to cover all the donations that I plan to make this year. By signing, you are agreeing to Gift Aid and that your name and address may be passed to HMRC.

Signed: \_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

(Revised May 2019)