

## **Holywood District**

MEMBERSHIP APPLICATION FORM FOR HOLYWOOD DISTRICT u3a Registered Charity NIC100647

## PERSONAL DETAILS (please print in black ink and underline name known by)

Title & Full Name:	
Address:	POSTCODE
Telephone: Landline	Mobile
Email Address (CAPITALS):	
NB To save costs, HOLYWOOD DISTRICT	u3a will use email where possible
be used solely for the purposes of administr	ersonal details will be held on a secure database and will ration and the communication of U3A matters. They will party other than for you to receive Third Age Matters
<b>MEMBERSHIP FEES</b> The member March Single Annual Membership is £20.00.	rship year of HOLYWOOD DISTRICT u3a is 1 April to 31
1. Abide by the Aims and Guiding Principles	a and never do anything to bring the U3A into disrepute. constitution. ourtesy at all times. of the elected committee.
I apply for membership of HOLYW	OOD DISTRICT u3a and confirm that:
I will comply with the terms and condition	ons of membership, as stated above.  ayable to <b>HOLYWOOD DISTRICT u3a</b>
Signed:	Dated:
Please return completed form a cheque (payable to Holywood District u3a) or cash to:	For office use:
Mrs Liz Jones	Date:
Membership Secretary 5, Alexandra Park	Member number:
Holywood	Notes: