



WARWICK DISTRICT
UNIVERSITY of the THIRD AGE
 Registered charity No. 1038532

Membership Application Form

TITLE..... SURNAME.....

FORENAME.....

INITIALS Year of Birth

(For two members at the same address)

TITLE..... SURNAME.....

FORENAME.....

INITIALS Year of Birth

ADDRESS.....

.....POST CODE.....

TEL EMAIL ADDRESS

Do you have a mobility, or any other physical, problem? Please state, if you so wish

Where did you hear about us?

Annual Membership Fee: Sept 1st to August 31st – £14.00 per person, (£7 after 1st March)

I enclose my/our remittance of £..... in respect of my/our membership until 31st August next.

[Note: if you are applying for membership between 1st July – 31st August, please contact the Membership Secretary, **Phyllis Puddifoot on 01926 779120.**]

SIGNATURE/S DATE

THE DATA PROTECTION ACT 1998. Your personal details will be entered on the WDU3A database, which is protected by the above act, and used only for administration purposes.

For Administration Purposes only	
Payment rec'd	£ Cash/Cheque
Membership No:	
Date Card Issued:	
INFO Given	Info No.