

PLEASE COMPLETE THIS FORM IN BLOCK CAPITALS

Mr /Mrs /Ms:Name:.....

Address:

.....

.....Post Code:

Telephone No:Mobile No:

Email Address:

PLEASE TICK ALL RELEVANT BOXES

The 2026/2027 Membership Renewal Fee is **£15-00**

Cash		Cheque		Credit Card		Bank Transfer	
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Please make **CHEQUES** payable to: **Stanford-le-Hope & District u3a**

BANK TRANSFER: Account No:33122387 Sort Code:20-34-69

Please use **YOUR NAME** as the **REFERENCE**

Please indicate if you require the Third Age Matters (TAM) Magazine for an additional £5-00 . Published 5 times a year	
If you are a TAX PAYER , please confirm if you wish to Gift Aid your membership	

ICE (In Case of Emergency) Contact No:

ICE Contact Name:

Please return this form to Dick Fox, Membership Secretary Email:
dickfox54@gmail.com or by post with a SAE to:
Membership Secretary, 161, Lampits Hill, Corringham, Essex SS17 9AG

Signed: Date:.....

2026/2027 SLH & DISTRICT u3a MEMBERSHIP RENEWAL RECEIPT

Please **PRINT** your name:

FOR OFFICE USE: Received the sum of £.....

Signed..... Date: