

UNIVERSITY OF THE THIRD AGE

Calpe

MEMBERSHIP APPLICATION FORM

MINIMUM AGE 40 D.O.B. ___/___/___

COST OF MEMBERSHIP €10 P.A.

Have you been a member of U3A Calpe before? YES or NO _____

Please PRINT clearly the following information:

Name: _____

Postal Address: _____

Tel. No. _____ Mobile No. _____

Email: _____

My main interests are: _____

Where did you hear about the U3A? Friends Internet Newspaper

(OPTIONAL) I would be interested in leading a group or groups in the following:

I fully understand that I partake in any activity at my own insurance risk and that membership is renewable each year. I agree to comply with all terms and conditions of membership.

Signed: _____ Date: _____

Membership No. _____

I authorise the use of my personal data to U3A Calpe for organisational purposes and coordination of volunteers. If you do not want us to use your data in this way, please let us know as soon as possible. In compliance with the Spanish Law on the Protection of Personal Data, U3A Calpe would like to ensure you that we will take all necessary measures to ensure the confidential data treatment.

We hereby inform you that all your personal data will be stored in a file managed by the Association in order to fulfil the commitments arising from our relationship with you. You can exercise your access, rectification, cancelation and opposition rights by sending a letter to the following address: U3A Memberships, Box 416, Total Postal, Calpe 03710 and obtain a receipt for posting.

Please signify if you would like to receive occasional e-mails from the U3A Calpe Committee by ticking this box.

SIGNATURE _____ MEMBER NO. _____ DATE _____