



**Littleborough u3a
Reciprocal Membership Form
For use by members of Todmorden u3a
Please use Block Capitals**

Title:	Name:
Address:	
	Postcode:
Telephone landline:	Mobile:
Email:	
Todmorden Membership Number: (Littleborough u3a reserves the right to confirm membership)	

Emergency Contact Name:	
Relationship to member:	
Telephone Landline:	Mobile:

Littleborough Group(s) joined:

<p>By completing this document, I confirm that I am a current member of Todmorden u3a and abide by the Terms and Conditions of said membership. I also give my consent to Littleborough u3a for my details to be held in a secure computer system for administrative purposes to be used by the Group Convenor(s) and Membership Secretary for the duration of my membership of any Group(s). I understand that my attendance at any Group(s) is dependent on my continued membership of Todmorden u3a.</p> <p>I confirm that I have obtained the permission of my Emergency Contact to provide Littleborough u3a with their details.</p> <p>SIGNED: _____ DATE: _____</p>
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Littleborough u3a confirm that your rights under their Privacy and Data protection policy will be adhered to. These policies are available to view on our website <https://littleborough.u3asite.uk/>
Please return this completed application form to: -The Membership Secretary via

- your Group Convenor
- by email (scanned signed forms only) membership.littleboroughu3a@gmail.com

Office use only:	No.	Date:
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