

Seymour & District U3A Inc. Membership Form _____

TITLE (Mr, Mrs, Miss, Ms, Other).....NAME.....

ADDRESS (residential).....

POSTAL.....POSTCODE.....

PHONE..... MOBILE.....

YEAR OF BIRTH.....

EMAIL: _____

EMERGENCY CONTACT NAME (in case of illness).....

PHONE..... MOBILE.....

Do you have any skills you'd like to share with U3A? (Please list).....

.....

I wish to receive the newsletter by mail \$15 email free (please tick)

How did you hear about U3A?:-.....

CURRENT FEES

	FULL YEAR	
MEMBERSHIP FEE	\$40.00	<input type="checkbox"/>
JOINT MEMBERSHIP FEE	\$60.00	<input type="checkbox"/>
AFFILIATE FEE	NO FEE	<input type="checkbox"/>
NEWSLETTER by mail	\$15.00	<input type="checkbox"/>

(Affiliates only - U3A & membership number).....

Please send the completed application form, with your fees to:-

The Secretary
Seymour & District U3A Inc.
P O Box 767
Seymour VIC 3661

Bank Account Details:
BSB – 803-078
Account No. 100109748
Please quote surname and initial as reference

I wish to **RENEW** **APPLY** **RE-APPLY** (please circle)

for membership of Seymour & District U3A and agree to the aims as set out in the Seymour & District U3A Constitution.

Do you give permission to use your photo for media & publicity purposes? Yes No

Signature..... Date.....

Your membership information will only be used for administration purposes.

OFFICE USE: Date:..... Receipt No.:.....Member No.:

Incorporation No: A0047264R Reviewed 23