

Membership Application

Family Name: _____ Given Name: _____

Address: _____

Phone: _____

Email: _____

Emergency Contact: Name: _____ phone: _____

Do you have a disability? Yes No

MEMBERSHIP FEE - \$30 per year. (If you join on or after the 30th Sept.
You will be financial until the end of the following year.)

Payment options:

Online: A/c - **BSB: 084 705 – a/c # 049473597** or deposit at any branch of the **NAB** Bank.
[please enter your name in reference section]

Or Mail cheque to Treasurer: U3A Hervey Bay, P.O. BOX 158, Hervey Bay Q 4655

For Information about classes please email herveybayu3a@yahoo.com.au or phone: **0431366264**

I am an existing member [renewal] New Member

I would like to be enrolled in the following classes:

- | | | | |
|------------|--------------------------|------------|--------------------------|
| 1. _____ * | <input type="checkbox"/> | 2. _____ * | <input type="checkbox"/> |
| 3. _____ * | <input type="checkbox"/> | 4. _____ * | <input type="checkbox"/> |
| 5. _____ * | <input type="checkbox"/> | 6. _____ * | <input type="checkbox"/> |

*Tutor to initial when enrolment received.

Would you like to be a Tutor? If so, what subject could you offer:

How did you hear about U3A Hervey Bay? _____

Applicant's Signature: _____ Date: _____

By signing this form you agree to the terms of the constitution and by-laws.

CONNECTING SENIORS TO LIFELONG LEARNING

Office Use Only: Receipt number: _____ Entry data base: _____ by _____