Current as at 20/08/2022



## **Membership Application**

Family Name:		Given Name:
Address:		
Phone:		
Email:		
Emergency Contact: Name	):	phone:
Do you have a disability? YAre you 95 years or over Y (this information is for insurant	es 🔲 No	
MEMBERSHIP FEE -		(If you join on or after the <u>30<sup>th</sup> Sept.</u> Incial until the end of the following year.)
Deposit at any branch of the	No 169 687 654 Bendigo Bank.	[please enter your name in reference section]
		mail memberships@u3aherveybay.net secretary@u3aherveybay.net or phone: <b>0431366264</b>
I am an existing member [rer	newal] 🗖	New Member
I would like to be enrolled in	the following cla	sses:
1	*	2*
3	* 🔲	4*
5	*	6*
*Tutor to initial when enrolment re NB. Your enrolment is subject to n		Please contact the relevant class tutor for confirmation.
Would you like to be a Tutor	? If so, what subj	ject could you offer:
How did you hear about U3A	Hervey Bay ?_	
(u3aherveybay.net)		Date:Safe Plan on our website Covid19 control plan.pdf e constitution, policies and by-laws of U3A Hervey Bay Inc.
Office Use Only: Receipt number:	Entry da	ata base:by