



Membership Application

Family Name: _____ Given Name: _____

Address: _____

Phone: _____

Email: _____

Emergency Contact: Name: _____ phone: _____

Do you have a disability? Yes No

Are you 95 years or over Yes No

(this information is for insurance purposes only and your privacy will be respected)

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: **BSB: 633-000 A/c No 169 687 654** [please enter your name in reference section]

Deposit at any branch of the **Bendigo Bank**.

For Information about classes please email secretary@u3aherveybay.net 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"/> |

NB. Your enrolment is subject to number availability. Please contact the relevant class tutor for confirmation.

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, policies and by-laws of U3A Hervey Bay Inc.