

Membership Application

PLEASE PRINT

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 - \$40 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: **Acc Name: University of the Third Age Hervey Bay Inc.**

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 memberships please email memberships@u3aherveybay.net

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"/> |

*Tutor to initial when enrolment received.

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.

Office Use Only: Receipt number: _____