

## MEMBERSHIP APPLICATION FORM

I (First Name), \_\_\_\_\_ (Surname) \_\_\_\_\_

(Preferred Name) \_\_\_\_\_, hereby apply for **FULL** or **ASSOCIATE**

**MEMBERSHIP** (delete one) of U3A Knox Inc.

(Note: to be an Associate Member, you must show evidence that you are a Full Member of another U3A.

Associate Members can only enrol in a maximum of **two Courses or Activities** per term

Associate Membership:	Full current member of _____ U3A:	<input type="checkbox"/> Yes
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Year of Birth:		<b>Gender:</b>	Male / Female (circle)
Previous Experience:			
Home Address:	(Street Number and Name)		
	Suburb:	Post Code:	
Phone Number:	Home:	Mobile:	
Country of Birth:			
Email:			

(Note: *Due to the increasing cost of mailing letters, Notifications and Newsletters will be sent to the email address provided above, unless otherwise requested. If you do not have an email address, then these will be sent via Australia Post.*

Emergency Contact Name:		
Emergency Contact Number:		Relationship:

### Membership Fees:

Full Membership:	January - December	\$ 60.00 (4 x 8 week terms)
	July - December	\$ 30.00 (2 x 8 week terms)
	October - December	\$ 15.00 (1 x 8 week term)
	<i>Financial members can join multiple classes providing there are vacancies.</i>	
Associate Membership:	\$ 30.00 per year; NO pro rata	
I agree to U3A taking and displaying photos & videos	Yes / No (please circle)	

*I am 45 years of age or older and not employed full time and I agree to comply with and be bound by the Rules of U3A Knox Inc.*

Signed: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Reception Staff Use Only		Database Operator's Use Only			Secretary's Use Only		
Amount Paid	Manual Receipt No.	Date Entered	Badge printed	Operator ID	COM approval	Letter sent	Sender ID
\$			<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	