

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 can only enrol in no more than two courses and must show evidence that you are a Full Member of another U3A.)

Associate Membership:	Full current member of _____ U3A: <input type="checkbox"/> Yes (Name of U3A)
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Year of Birth:		Gender: Male / Female (circle)
Occupation before retirement:		
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 the U3A office is instructed otherwise. If you do not have an email address, then these will be sent via Australia Post.

Emergency Contact Name:	Relationship:
Emergency Contact Number:	

Membership Fees:

Full Membership:	January - December	\$ 70.00 (4 x 8 week terms)
	July - December	\$ 35.00 (2 x 8 week terms)
	October - December	\$ 17.50 (1 x 8 week term)
	<i>Once fees are paid you are entitled to join as many classes as you wish providing there are vacancies.</i>	
Associate Membership:	\$ 35.00 per year; NO pro rata	

I am 45 years old or older and I agree to comply with and be bound by the Rules and Policies and Procedures 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	Computer Receipt No.	Badge printed	Operator ID	COM approval	Letter sent	Sender ID
\$				<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	