

	SURNAME:		 	
OFFICE USE ONLY				
	MEMBER N	O:	 	

NEW MEMBERSHIP APPLICATION FORM 2020

PAYMENT METHOD: CASH or CHEQUE (Please make cheque payable to "U3A Riverland Inc"). Post to: Treasurer U3A Riverland Inc, PO Box 1100, RENMARK SA 5341					
Declaration: I give permission for my photo to be used for promotional purposes for U3A Riverland. YES/NO					
Sign for joint membership					
Sign					
, , ,	oires Dec 31 2020) . Dires Dec 31 2020) Please circle type of membership				
ANNUAL MEMBERSHIP FEES					
WHAT ACTIVITIES WOULD YOU LIKE TO ATTEND?	WHAT ACTIVITIES COULD YOU LEAD OR CO-ORDINATE?				
Person to phone: Phone No:					
EMERGENCY CONTACT:					
Languages other than English spoken at home:					
MEMBER 2: Male: □ Female: □ (tick)	Year of birth:				
MEMBER 1: Male: □ Female: □ (tick)	Year of birth:				
By providing my email address I give permission for this to be used for U3A Riverland communications.					
Email:	Email:				
Mobile:	Mobile: :				
Phone:	Phone:				
Postal Address:					
Preferred Name:	Preferred Name:				
First Name:	First Name:				
Last Name:	Last Name:				
Title: Mr Mrs Dr other (circle)	Title: Mr Mrs Dr other (circle)				
MEMBER 1	MEMBER 2				
If making joint application please put both members' names	on this form.				
CONTACT DETAILS (Please write clearly)					
INL VV IVILIVIDLICATION AP	PLICATION FORIVI 2020				

ELECTRONICALLY: *Name*: U3A Riverland Inc *BSB*: 105-035 *A/c No*: 053462740 Please include **YOUR NAME** in the "description" so that it is evident who made the payment.

OFFICE USE ONLY						
Date:	Receipt No:	Amount Paid:	Method:			