

٦	SURNAME:	
OFFICE USE ONLY		
	<b>MEMBER NO:</b>	

## **RENEWAL MEMBERSHIP FORM 2020**

Title	Surname	First Name	Preferred Name	Membership No

If any of your details have changed please complete the bottom of this form.

MEMBER'S SIGNATURE		Sign)				
		Sign			) for joint membership	
ANNUAL MEN	MBERSHIP FEES	Single	\$25	(\$15 from July 1 2020)		
(Expiry Date 31 Dec 2020)		Joint \$40 (\$20 from July 1 2020)		(\$20 from July 1 2020)	Circle type of membership	

**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.

Complete only if details have changed.

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CONTACT DETAILS* (please print clearly)	Postal Address:			
	Phone:			
EMERGENCY CONTACT	Person to phone:			

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