



SURNAME:

OFFICE USE ONLY

MEMBER NO:

NEW MEMBERSHIP APPLICATION FORM 2017

CONTACT DETAILS* (please print clearly)	Title: Mr Mrs Dr other (circle)		
	Last Name:.....		
	Given Name:..... Preferred Name:.....		
	Postal Address:.....		
		
	Phone:..... Mobile:.....		
	Email:.....		
	Male: <input type="checkbox"/> Female: <input type="checkbox"/> (tick)		
	Year of birth:.....		
	Languages other than English spoken at home:.....		
EMERGENCY CONTACT	Person to phone:..... Phone No:.....		
WHAT ACTIVITIES WOULD YOU LIKE TO ATTEND?			
WHAT ACTIVITIES COULD YOU LEAD OR CO-ORDINATE?			
MEMBER'S SIGNATURE	Sign)		
	Sign) for joint membership		
ANNUAL MEMBERSHIP FEES (Expiry Date 31 Dec 2017)	Single	\$25	(\$15 from July 1 2017)
	Joint	\$40	(\$20 from July 1 2017)

* If making joint application please put both members' names on the same form

PAYMENT BY CASH OR CHEQUE (Please make cheque payable to "U3A Riverland Inc")

Post to: Treasurer U3A Riverland Inc
PO Box 1100
RENMARK SA 5341

PAYMENT MADE ELECTRONICALLY

Name: U3A Riverland Inc **BSB:** 105-035 **A/c No:** 053462740

Please ensure you include YOUR NAME in the "description" so that it is evident who made the payment.

OFFICE USE ONLY			
Date:			
Receipt No:			
Amount Paid:	Single	\$25.00 (12mths)	\$15.00 (from July 1 17)
	Joint	\$40.00 (12 mths)	\$20.00 (from July1 17)
Membership Card issued	Yes		
Information on database	Yes		