



OFFICE USE ONLY

SURNAME:

MEMBER NO:

NEW MEMBERSHIP APPLICATION FORM 2019

CONTACT DETAILS (Please write clearly)

If making joint application please put both members' names on this form.

Title: Mr Mrs Dr other (circle) Title: Mr Mrs Dr other (circle)

Last Name (1) Last Name (2)

Given Name (1) Preferred Name (1):

Given Name (2) Preferred Name (2)

Postal Address:.....

.....

.....

Phone (1) Mobile (1) Email (1):.....

Phone (2) Mobile (2) Email (2):.....

By providing my email address I give permission for this to be used for U3A Riverland communications.

Male: Female: (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?

Single	\$25	(\$15 from July 1 2019)	(Expires Dec 31 2019)	Please circle type of membership.
Joint	\$40	(\$20 from July 1 2019)	(Expires Dec 31 2019)	

Sign

Sign for joint membership

Declaration: I give permission for my photo to be used for promotional purposes for U3A Riverland. YES/NO

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

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:

