



SURNAME: .....

OFFICE USE ONLY

MEMBER NO: .....

# NEW MEMBERSHIP APPLICATION FORM 2022

**PREQUISITE FOR MEMBERSHIP: All members to have full COVID19 vaccination.**

### CONTACT DETAILS (Please write clearly)

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

#### MEMBER 1

#### MEMBER 2

Title: Mr Mrs Dr other (circle)

Title: Mr Mrs Dr other (circle)

Last Name: .....

Last Name: .....

First Name: .....

First Name: .....

Preferred Name: .....

Preferred Name: .....

Postal Address: .....

Phone: .....

Phone: .....

Mobile: .....

Mobile: .....

Email: .....

Email: .....

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

MEMBER 1: Male:  Female:  (tick) Year of birth: ..... Full COVID Vacc  (tick)

MEMBER 2: Male:  Female:  (tick) Year of birth: ..... Full COVID Vacc  (tick)

### EMERGENCY CONTACT:

Person to phone: ..... Phone No: .....

### ANNUAL MEMBERSHIP FEES

Single \$30 (\$20 from July 1 2022) (Expires Dec 31 2022) .  
Joint \$50 (\$30 from July 1 2022) (Expires Dec 31 2022) **Please circle type of membership**

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:
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