



OFFICE USE ONLY

SURNAME:

MEMBER NO:

NEW MEMBERSHIP APPLICATION FORM 2024

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:

MEMBER 2: Male: Female: (tick) Year of birth:

EMERGENCY CONTACT:

Person to phone: Phone No:

ANNUAL MEMBERSHIP FEES

Single	\$30	(\$20 from July 1 2024)	(Expires Dec 31 2024)	.
Joint	\$50	(\$30 from July 1 2024)	(Expires Dec 31 2024)	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.

Receipts issued only on request.

OFFICE USE ONLY						
Payment:	Signature:	Amount:			Method:	
		\$20	\$30	\$50	Cash	Ch