



OFFICE USE ONLY } SURNAME:
MEMBER NO:

RENEWAL MEMBERSHIP FORM 2025

Title	Surname	Preferred Name	Registered First Name	Membership No

Do you have Ambulance Cover?: Yes No
If ambulance needs to be called and member not covered, it will be at member's cost.

MEMBER'S SIGNATURE	Sign		
ANNUAL MEMBERSHIP FEES Per Person (Expiry Date 31 Dec 2025)	\$35 (Full Year)	\$25 (from July 1 2025)	\$15 Term 4 only.

PAYMENT METHOD: CASH/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.

Complete only if details have changed.

CONTACT DETAILS* (please print clearly)	Postal Address:..... Phone:..... Mobile:..... Email:.....
EMERGENCY CONTACT	Person to phone:..... Phone No:.....

OFFICE USE ONLY				
Payment:	Signature:	Amount:	Method:	
		\$35 \$25 \$15	Cash	Ch BSB