U3A UNIVERSITY OF THE THIRD AGE SEYMOUR & DISTRICT

MEMBER RE-ENROLMENT/ COURSE ENROLMENT FORM

Name: …… Date: ……....

Address: ……....

Phone No: ……. Mobile: ……....

Email:……....

Emergency Contact: .....Phone No.:.....

Course Number	Course	Day & Time	Tutor/Contact

Assume you have been accepted into your course. You will be notified only if there is any change. Please send top section to:

The Secretary, U3A Seymour & District, PO Box 767, Seymour, 3661

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KEEP THIS SECTION. I am enrolled in the following courses:

Course Number	Course	Day & Time	Course Contact & Ph. No.