Seymour & District U3A Inc.
Membership Form 2027

TITLE (Mr, Mrs, Miss, Ms, Other).....NAME.....

ADDRESS (residential).....

POSTAL.....POSTCODE.....

PHONE..... MOBILE.....

YEAR OF BIRTH.....

EMAIL: _____

EMERGENCY CONTACT NAME (in case of illness).....

PHONE..... MOBILE.....

Do you have any skills you'd like to share with U3A? (Please list).....

.....

I wish to receive the newsletter by mail $15 ☐ **email free** ☐ (please tick)

How did you hear about U3A?:-.....

CURRENT FEES

MEMBERSHIP FEE	**$40.00**	☐
JOINT MEMBERSHIP FEE	**$60.00**	☐
AFFILIATE FEE	**NO FEE**	☐
NEWSLETTER by mail	**$15.00**	☐

(Affiliates only – U3A & membership number) ……

Please send the completed application form, with your fees to

The Secretary
Seymour & District U3A
P O Box 767
Seymour VIC 3661
or seymu3a@gmail.com

Bank Account Details
BSB – 803-078
Account No. 100109748
Please quote surname and initial as reference

I wish to **RENEW** **APPLY** **RE-APPLY** **(please circle)**
for membership of Seymour & District U3A and agree to the aims as set out in the Seymour & District U3A Constitution.
Do you give permission to use your photo for media & publicity purposes? Yes ☐ No ☐

Signature..... Date.....

Your membership information will only be used for administration purposes.

OFFICE USE: Date..... Receipt No.:.....Member No.: .....

Incorporation No: A0047264R Reviewed 26 ☐