

**YARRA CITY U3A INC**  
**PROGRAM ENROLMENTS FOR SEMESTER 1, 2012**

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Name:..... Membership: Full / Associate

Phone number:..... Emergency contact number:.....

<b>Preference</b>	<b>Course code</b>	<b>Course title</b>	<b>Day/time</b>	<b>Starting date</b>
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**Completed forms to PO Box 643, Richmond, Vic 3121 enclosing a stamped, self-addressed envelope.**