

YARRACITY U3A Inc. 2012 MEMBERSHIP FORM

Mail to: PO Box 643, Richmond 3121. Email:yarracityu3a@gmail.com

ph: 9421 6439, web: www.yarracityu3a.org.au

First name..... Surname.....Title.....

Preferred name(if different)..... Male/Female

Address.....

..... Postcode.....

Email.....(print clearly)

Tel..... Mobile.....

I am happy to receive communications by email Yes/No

I agree to the above details being disclosed to other U3A members Yes/No

How did you find out about Yarra City U3A?.....

Emergency contact person.....Phone.....

To assist with our funding please supply the following information.

Date of birth.....Country of birth.....

Main language spoken at home (one only).....

How good is your English? Very good/Good/Fair/Poor

Are you Aboriginal or Torres Strait Islander? Yes/No

ANNUAL MEMBERSHIP FEE for 2012: \$40

HALF YEAR OR ASSOCIATE FEE: \$20

(Associate members are full members of another U3A, copy of receipt required)

Payment in cash may be made at AGM or at office. Sorry, no cards.

Cheques or money orders to be made payable to YarraCityU3A.

I wish to apply for/renew my membership of Yarra City U3A Inc.

Full/Half year/ Associate, payment by cheque/money order/cash.

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

Please indicate whether you would be willing to help as a volunteer Yes/No