

U3A Rockhampton and District Inc.ABN 83 907 668 103

MEMBERSHIP APPLICATION FORM

PLEASE SUBMIT APPLICATION AND PAYMENT TOGETHER AND PRINT CLEARLY IN CAPITAL LETTERS
Title (Mr, Mrs, Ms, Other) Surname
First names: Preferred name:
Residential address:
Suburb/City Post code
Postal address:
Suburb/City
PhoneMobile:
Email:
Former occupation:
Qualifications / Skills / Hobbies / Interests:
Age Group: 50-59 [] 60-69 [] 70-79 [] 80-89 [] 90-99 (no fee payable) []
Notes for new members: U3A Rockhampton and District Inc carries Public Liability Insurance to the value of \$20 million. Photographs taken of U3A Rockhampton activities and members are sometimes published on our website, in our Journal, and in local newspapers. If you do not wish this to happen, please advise the Secretary in writing. Information collected on this form is for the sole use of U3A Rockhampton and District Inc and none of this information will be disclosed to a third party without your knowledge.
I hereby agree to comply with and be bound by U3A Rockhampton and District Inc.'s Constitution,
By-laws, Code of Conduct, Safety Management Policy. Signed
Proposer: Seconder:
Note: Both the proposer and the seconder must be financial members of U3A Rockhampton and District Inc.
(U3A Rockhampton Financial Year 1 st Jan – 31 st Dec)
Fees payable: If joining between -
1 st January and 30 th June: []\$30 (includes joining fee of \$10)
1 st July and 31 st December: [] \$20 (includes joining fee of \$10)
Please indicate if you want a badge with Magnet [] OR Pin []
Payment attached: [] OR Payment made to Commonwealth Bank account: []
Account Name: U3A Rockhampton and District Inc BSB: 064710 Account Number: 0092 5452
SCANNED COPY/PHOTO OF THE FORM MUST BE SENT TO THE TREASURER WHEN PAYMENT IS MADE
Office Use Only - Amount paid \$ Receipt number:
Return to: The Treasurer 1134 Rockhampton and District Inc. P.O. Boy 8160, ALL ENSTOWN, Old 4700

Email: treasurer@u3arocky.au Web: www.u3arockhampton.org.au