

U3A CROYDON INC. ABN 12 643 602 869. Incorporated reference: A 0026437S
TEL: 9724 9544. **EMAIL:** u3acroydon@bigpond.com **ADDRESS:** PO Box 816, Croydon. 3136.
OFFICE: Keystone Hall Complex, 1 Civic Sq. Croydon 3136
WEBSITE: <http://home.vicnet.net.au/~unita/>

APPLICATION FORM FOR 2010 MEMBERSHIP REGISTRATION

Used for Members, Associate Members and Leaders.

New members will be admitted at the discretion of the committee. §

The new applicant will be notified in writing.

§ See constitution PART D 6 (e).

FULL MEMBERSHIP: Fees: \$ 35.00.
ASSOCIATE MEMBERSHIP: Fees: \$ 25.00. *You must supply **proof** at joining.*
LEADERS MUST REGISTER in order to be covered by Insurance. *They can only participate in other classes when he/she is a paid up member.*

NOTE: 1. Refunds are only given in exceptional circumstances. Ask for a Visitor's Pass if you are not sure if you want to join.

2. Places on a waiting list are available for Financial Members only.

Please, complete a separate form for each person. (Insurance requirement)

Title _____ **Surname** _____ **ID**

1st Name: _____ Preferred Name _____

Address: _____

Postcode: _____ Telephone: _____ Year of Birth: _____

Email Address: _____ (optional)

Emergency Contact Details: _____

Previous Occupation: _____

I agree to be bound by the rules of the U3A Croydon Inc.

Date: _____ **Signature:** _____

In keeping with the spirit of the U3A, we ask you to consider contributing to this organization by volunteering for one or more of the following options.

Class Leader <i>(Type of Class)</i>	
Management Committee	
Office Worker on a Monthly Basis <i>(Please state preferred Day)</i>	

OFFICE USE ONLY. New Member: Nominated _____ Seconded _____

Associate Membership; *please fill in the details below*

Applicant is currently a Full Member of _____ **U3A**

Their Receipt No: _____ **Their Expiry Date:** _____

Amount: \$35.00 **Our Receipt No: 2010** _____

\$25.00

Leader Only \$0.00

Cross out the incorrect amount **Received by:** _____

