

# CROYDON U3A INC.

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ADDRESS: PO Box 816, Croydon. 3136. OFFICE: Keystone Hall Complex, 1 Civic Sq.

WEBSITE: http://www.vicnet.net.au/~unita/

## APPLICATION FORM FOR 2008 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: \$ 30.00.**

**ASSOCIATE MEMBERSHIP: Fees: \$ 20.00.** 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.

**Newsletter Postage: \$ 5.50 yearly for 11 copies.** (On a pro rata basis.) They may be picked up from our Office, from our website or you can **ask** your Class Leader.

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

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

3. Courses marked on the Timetable \$\$ require books, \$ require other materials.

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

**Title** \_\_\_\_\_ **Surname** \_\_\_\_\_ **ID**

**1st Name:** \_\_\_\_\_ **Preferred Name** \_\_\_\_\_ **2<sup>nd</sup> Initial:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Postcode:** \_\_\_\_\_ **Telephone:** \_\_\_\_\_ **Year of Birth:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_ (optional)

**Emergency Contact Details:** \_\_\_\_\_

**Previous Occupation:** \_\_\_\_\_

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

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

### 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: \$30.00** **Our Receipt No:2008** \_\_\_\_\_  
**\$20.00**

*Cross out the incorrect amount* **Received by:** \_\_\_\_\_

**Newsletter Postage:** \_\_\_\_\_ **copies @ 0.50cents \$** \_\_\_\_\_ **received.**

ABN 12 643 602 869. Incorporated reference: A 0026437S.

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**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.**

NAME:	ID No:	PHONE:
Class Leader (Type of Class)		
Management Committee		
Office Worker on a Monthly Basis (Please state preferred Day)		

