

U3A in Toowoomba Inc.
 PO Box 404 Drayton North
 Toowoomba 4350



OFFICE USE ONLY	
Paid \$	CHQ CSH DBD CR/Card
Receipt No:	
Member No:	
Date Joined:	
Welcome Pack given/mailed	
Branch (leave blank for T)	P <input type="checkbox"/> CN <input type="checkbox"/>

MEMBERSHIP APPLICATION

[Complete sections 1-21: please print clearly]

1	FAMILY NAME			
2	GIVEN NAME			
3	PREFERRED BADGE NAME			
4	DATE OF BIRTH / GENDER / /	5 M <input type="checkbox"/>	F <input type="checkbox"/>
6	RESIDENTIAL ADDRESS [Use Suburb and Post Code]			
7	MAILING ADDRESS			
	PHONE NUMBERS	8 Fixed	9 Mobile	
10	EMAIL [PRINT PLEASE]			
11	NEWSLETTER DELIVERY [Does not apply to Course Book]	Email <input type="checkbox"/>	Aust Post <input type="checkbox"/>	None <input type="checkbox"/> [couples]
12	EMERGENCY CONTACT Name:	13 Relationship:	14 Phone:	
15	YOUR PREVIOUS OCCUPATION			
16	Have you ever been a member of U3A Toowoomba?	Yes <input type="checkbox"/>	Year, if known.....	No <input type="checkbox"/>

U3A IS TOTALLY RELIANT UPON ITS VOLUNTEERS. WOULD YOU BE WILLING TO SHARE YOUR SKILLS AND/OR KNOWLEDGE TO ASSIST IN MAINTAINING THE OPERATION OF YOUR ORGANIZATION WITH ONE OF THE FOLLOWING?

17	Willing to be a tutor? YES <input type="checkbox"/> NO <input type="checkbox"/>	18 In Subject Area:
19	Willing to Assist at Some Events YES <input type="checkbox"/> NO <input type="checkbox"/>	<p>U3A Toowoomba holds Public Liability Insurance with QBE in the amount of \$20,000,000</p> <p>Personal details are for internal purposes only. Refer to our Privacy Policy, on our website and in your welcome pack.</p>

By signing this form, I hereby declare and agree that:

1. I am eligible to become a member of U3A and agree to abide by the Association's Rules.
2. I understand that payment of membership fee does NOT guarantee a place in a class, that if a class is full it may be possible to have my details added to a waiting list, depending on the class and its availability in a later term.
3. I am aware that there will be a fee each term for classes I enrol in; the amount payable will depend on venue & subject.
4. I understand that the Membership Fee is not refundable.

20	APPLICANT'S SIGNATURE		Date:	
21	If submitting form by mail or email SELECT PAYMENT METHOD	<u>CREDIT CARD</u> VISA <input type="checkbox"/> M/Card <input type="checkbox"/>	Direct Debit <input type="checkbox"/> [Name included on subject line]	Cheque Enclosed <input type="checkbox"/>