



U3A Rockhampton and District Inc.
ABN 83 907 668 103
APPLICATION FOR AFFILIATE MEMBERSHIP

Title (Mr, Mrs, Ms) ..... Surname.....
First names: .....
Preferred name.....
Residential address: .....
Suburb/City..... Post code.....
Postal address.....
Suburb/City..... Post code.....
Phone.....Mobile.....
Email: (please print clearly in CAPITAL letters)

Skills / Hobbies / Interests:

Are you a member of another U3A association?.....Yes/No

If Yes, please indicate which U3A association .....

Are you a tutor for U3A Rockhampton and District Inc. activity? ... Yes/No

If Yes, please indicate which activity.....

Notes for new affiliate 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 and Covid-19 Vaccination Policy (all of which are available on our website). Any member who wishes to physically attend activities and meetings of U3A Rockhampton must be fully vaccinated or have a medical exemption form.

SIGNED: .....Date.....
Proposer\*.....Second\*.....

\*Both the proposer and the seconder must be financial members of U3A Rockhampton and District Inc.

Please Return to: The Secretary, U3A Rockhampton and District Inc.,
P.O. Box 8160, ALLENSTOWN, Qld 4700.

Email: u3arockhamptondistrict@gmail.com

Web: www.u3arockhampton.org.au