



U3A Rockhampton and District Inc.
ABN 83 907 668 103
MEMBERSHIP RENEWAL FORM

Title (Mr, Mrs, Ms, Other) Surname
First names: Preferred name:
Residential address: City Post code
Postal address: City Post code
Phone Mobile
Email: (print clearly in CAPITAL letters)
Former occupation:
Qualifications / Skills / Hobbies / Interests:

Age Group: 50-59 [] 60-69 [] 70-79 [] 80-89 [] 90-99 (no fee payable) []

Membership fees are \$20 per person, payment by 31st December would be appreciated

Cash/ Cheque payment enclosed [] EFT payment made to U3A CBA account []
Account Name: U3A Rockhampton and District Inc BSB: 064710 Account Number: 0092 5452

*Include your name in the description so your EFT payment can be identified by the Treasurer.
*Cash payments to be in an envelope with your name on the envelope.

Signed Date:

Total Amount paid \$ Receipt number: Date received: / /

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



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