

U3A Rockhampton and District Inc.

ABN 83 907 668 103

MEMBERSHIP APPLICATION FORM

PLEASE PRINT CLEARLY IN CAPITAL LETTERS

	Surname
First names:	
Preferred name:	
Residential address:	
Suburb/City	Post code
Postal address:	
Suburb/City	Post code
Phone	Mobile:
Email:	
Former occupation:	
Qualifications / Skills / Hobbies / Interes	ts:

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

Notes for new 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 the Constitution, By-laws, Code of Conduct and Safety management Policy and Procedures of U3A Rockhampton and District Inc. (all of which are available on our website).

Signed	Date:
Proposer:	Seconder:
Note: Both the proposer and the	e seconder must be financial members of U3A Rockhampton and District Inc.
(U3A Rockhampton Financ	ial Year 1st Jan – 31 Dec)
Once Only Joining Fee:	\$10.00 [] Includes a name badge with Magnet [] or Brooch Pin []
Annual Membership Fee:	\$15.00 []
1 st Jan-30 th June \$15.00 [Payment from the 1 st Nov \$	Rockhampton during the year, please select joining month below 1 st July-31 st Oct \$7.50 \$15.00 which includes membership to 31 st Dec the following year. Receipt number: Date received: