



ROCKHAMPTON

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.

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

5/2022



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