



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.

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:

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

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

Email: admin@u3arocky.au Web: www.u3arockhampton.org.au



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