



University of the Third Age Brisbane Inc.

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All information provided on this form is strictly confidential.

APPLICATION FORM FOR FULL MEMBERSHIP (Please PRINT)

Membership No:				Year:	To end of 2012		
Title: (Mr, Mrs, Ms, Dr. etc)		First Name:			Middle Initial:		
Surname:							
Address 1:				Address 2:			
Suburb / Town:				State:		Postcode	
Phone/s:	H:	Email:					
	M:						
Newsletter by:	<input type="checkbox"/> Mail Delivery (No colour)			<input type="checkbox"/> E-mail Delivery (PDF in colour) (Please save trees !)			
Age Group (please circle)	Under 50	50-59	60-69	70-79	80-89	90+	
Next of Kin Name (for emergency)				Next of Kin Phone			

To assist communication between class members, your phone and email contact details would normally appear on internal class lists. Tick here if you wish your contact details to remain PRIVATE: ?

Please provide information about your education, trade qualification, experience, interests, hobbies, etc ...

Would you be interested in becoming a Tutor or a Discussion Leader? (please tick)
 Yes No Maybe Tutor's Assistant ?
 If so, what subject, and what advice or assistance would you require? (Please attach details)

Could you help us with any of these jobs please? -Data Entry -Office -Reception
Working Bee -Newsletter -Handyman -Publicity -Finance -Public Spkr -Electrical

PLEASE NOTE:

- 1: Entry into a particular class at a particular time cannot be guaranteed.
- 2: Full membership fee is \$40 (January 1st to December 31st)
- 3: If joining after 1st October, membership also includes the following year.
- 4: We welcome members of other U3A branches. Affiliate membership is just \$15, and this includes our newsletters. Please enquire at the office.

Signed: Date:.....

PAYMENT BY VISA OR MASTER CARD: Please Note: No credit card details will be stored.

Card Type: Name of Holder:

Card Number: Expiry Date:

AMOUNT \$ SIGNATURE.....

Member_Application_V1.9.Doc

OFFICE USE ONLY: Paid by Cash Cheque EFTPOS Date Entered _____ Initials _____