



Membership Application*

APPLICANT 1 Preferred title: (Mr/Mrs/Ms/Miss/Other) Surname: Initials: Preferred first name: Year of Birth: 19..... Can you lead or arrange a course or discussion group? If YES, on what subject(s)?.....	APPLICANT 2 Preferred title: (Mr/Mrs/Ms/Miss/Other) Surname: Initials: Preferred first name: Year of Birth: 19..... Can you lead or arrange a course or discussion group? If YES, on what subject(s)?.....
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Address:
 Suburb: State: Postcode:
 Phone: Mobile 1: Mobile 2:
 Email1: Email2:

U3A provides information to members using only email and the website (u3acanberra.org.au) unless otherwise indicated below:-

I/we prefer a printed mailed copy of the bimonthly U3A ACT Newsletter (Tick)

I/we prefer a printed mailed copy of the Prospectus (Tick)

I/we wish to apply for membership of U3A ACT Inc and agree to its aims and policies.

I/we have attained the age of **50 years**.

** U3A-ACT collects and deals with members' personal information in accordance with the Privacy Act 1988 (Cth). You can read our Privacy Policy on our website or request a printed copy.*

APPLICANT 1 Signature: Date:.....	APPLICANT 2 Signature: Date:.....
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MEMBERSHIP FEES

Payment with your application form can be made at U3A Cook (41 Templeton St) or U3A Hughes (Community Centre, Wisdom St) offices (9.30am to 4.30pm Mon – Fri); or by mail to: U3A ACT Inc, Hughes Community Centre, 2 Wisdom St, Hughes, ACT 2605. (Enquiries phone 6281 6998 or 6251 8005).

Payment Amount (circle one): Single Membership \$30 Joint Membership \$50 Join to a member \$20

Payment method (circle one): cash / cheque (to U3A ACT Inc) / money order / Mastercard or Visa

Credit Card No (print clearly): Expiry date: /

Name on Card (print): Signature:

OFFICE USE ONLY	
DATE:	RECEIPT No:
AMOUNT (circle one): \$20 / \$30 / \$50	
CASH / CHEQUE or MONEY ORDER / CREDIT CARD or EFTPOS (Circle one)	
Prospectus Given YES/NO (Circle)	