



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:**

Email 1: **Email 2:**

Important: We will need your email address to enable you to apply for a password to access our members website: www.u3acanberra.org.au and to receive weekly eBulletins.

** 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.*

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**.

APPLICANT 1 Signature: Date:	APPLICANT 2 Signature: Date:
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Consistent with the COVID Safety Plan for U3A-ACT Inc we ask that you avoid going to our Cook and Hughes offices to lodge / pay for your Membership. Instead, please join and pay online at <https://www.u3acanberra.org.au/membership.html> or fill in this form and mail to the address below.

Membership Fees:

(circle one): Single Membership \$30 Joint Membership \$50 Add to an existing membership \$20

Payment Method:

(circle one) Mastercard / Visa / Cheque (to U3A ACT Inc.)

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

Name on Card (print): Signature:

Mail your application with your cheque or card details to:

U3A-ACT Inc. Hughes Community Centre, 2 Wisdom Street, HUGHES ACT 2605

OFFICE USE ONLY DATE: RECEIPT AMOUNT (circle one): \$20 / \$30 / \$50 Mastercard / Visa / Cheque (U3A ACT Inc.) / Cash (circle one)
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