

## **Membership Application\***

APPLICANT 1 Preferred title: (Mr/Mrs/Ms/Miss/Other	APPLICANT 2 Preferred title: (Mr/Mrs/Ms/Miss/Other)
Surname:	
Initials: Preferred first name:	Initials:Preferred first name:
Year of Birth: 19	Year of Birth: 19
Can you lead or arrange a course or discussion group	cup? Can you lead or arrange a course or discussion group?
If YES, on what subject(s)?	If YES, on what subject(s)?
Address:	
	State:Postcode:Phone:
Mobile 1:	Mobile 2:
Email 1:	Email 2:
Important: Your email address is essential to obta	•
www.u3acanberra.org.au and receive your weekly	y ebuiletins.
can read our Privacy Policy on our website or reques  I / we wish to apply for membership of U3A A	ACT Inc. I/we have attained the age of 50 years and agree to bound by its Objects and Rules (as made from time to time)
Signature/s: Applicant 1	Applicant 2
Membership Fees: Single Membership \$40	☐ Joint Membership \$70 ☐ Additional (Joint) Membership \$30
Payment Options:	
In Person: Hughes or Cook U3A offices: Note office	es closed public holidays and mid-December to mid-January.
<b>By Mail</b> : U3A ACT Inc. Hughes Community Centre, 2 ACT Inc."	2 Wisdom Street, HUGHES ACT 2605 with your cheque to "U3A
By CARD: Mastercard / Visa	Expiry/
Name on Card:	
OFFICE USE ONLY: DATE	
	DECEIDT No.
	RECEIPT No:
□ Single \$40 □ Joint \$70 □ Additional (Joint) \$3	RECEIPT No: 30 / circle one: Mastercard/Visa/Cash/Cheque U3A ACT Inc. ren or posted to Member, please circle Yes or No