

# U3A BRIMBANK INC MEMBERSHIP FORM



I would like to apply for membership into the Brimbank University of the Third Age Inc., accepting that the information provided hereon may be used by the organisation for organisation use only. In the event of my admission as a member, I agree to be bound by the rules of the organisation for the time being in force.

**Fees:** **Membership-** \$50.00 per Calendar year. **Associate -** \$30.00. **4th Term only -** \$20.00

## PLEASE NOTE: THERE WILL BE NO REFUND GIVEN

<p><b><u>Contact Details</u></b> Please Print clearly</p>	<p>Mr/Mrs/Ms etc. TITLE &amp; NAME: .....</p> <p>ADDRESS: .....</p> <p>.....P/C.....</p> <p>PHONE:.....MOBILE:.....</p> <p>EMAIL:.....</p>
<p><b><u>Personal Details</u></b></p>	<p>Year of Birth:.....</p> <p>Languages Spoken: .....Country of Birth: .....</p> <p>Emergency Contact (name &amp; phone numbers): .....</p> <p>Do you agree to your photo being taken for our website and/or publicity purposes YES <input type="checkbox"/> or NO <input type="checkbox"/> (Please tick box)</p>
<p><b><u>Class / Activity</u></b> List preference order.</p>	<p>.....</p> <p>.....</p> <p>.....</p>
<p><b><u>Payment Options</u></b> Send form to postal address. Please advise Bank Transfer Deposit date .....</p>	<p><b><u>Pay by:</u></b> Cheque <input type="checkbox"/> Money order <input type="checkbox"/> OR Bank Transfer <input type="checkbox"/> \$.....</p> <p>Payments can be made electronically or by visiting any NAB branch. The account details are as follows:</p> <p><b><u>Account Name:</u></b> U3A Brimbank Inc <b><u>Account No.:</u></b> 187335811 <b>BSB:</b> 083215 <b>Reference:</b> (Your Full Name).</p> <p><b><u>Postal Address:</u></b> U3A Brimbank, P.O. Box 97, Deer Park 3023, Tel. 9249 4570 <b>Website:</b> u3abrimbank.org.au <b>Email:</b> u3abrimbank@gmail.com</p>
<p><b><u>Would you like to Volunteer</u></b></p>	<p>Office Duties <input type="checkbox"/> Committee and/or subcommittee <input type="checkbox"/> Social Event <input type="checkbox"/></p> <p>Class Assistant <input type="checkbox"/> Tutor or Activity Leader <input type="checkbox"/></p> <p>Topic(s).....</p>
<p><b><u>Signature Required</u></b></p>	<p>I hereby certify that I am not working full-time.</p> <p>SIGNED:.....</p>

(Office Use Only)

MEMBERSHIP PAID: Y / N AMOUNT: \$..... DATE :..... RECEIPT NO.: .....

NAME TAG SENT: Y / N. DATA ENTERED: ..... BY WHOM: .....

New Membership / Renewal Membership /Associate Membership