

ENROLMENT FORM

COMPLETE AND RETURN TO COURSE COORDINATOR:

P.O. Box 480, Clare SA 5453 OR

email asku3a@gmail.com OR Telephone 0447 601 142 (messages only)

Assume enrolment accepted on receipt of paperwork and payment unless you hear otherwise.

All information kept in accordance with U3A Lower North Inc. privacy policy

List the group/s you wish to be enrolled in:

Name: _____

Address (home and postal if different): _____

Telephone: _____ Mobile: _____

Email: _____

Year of birth: _____ Country of origin _____

Do you wish to receive newsletters by post [] or email []

Please tell us more about yourself: Career/skills/interests, etc. _____

How did you hear about U3A? Friends, newspaper, cinema, leaflets _____

Why have you joined? To learn something specific / to keep mind active / to keep body active / meet people and make friends / all of above. _____

I understand that U3A is an all-volunteer organisation and members are expected to help in its running where they can. I agree to abide by the constitution and bylaws of U3A Lower North Inc.

_____ (signed, dated)

ANNUAL SUBSCRIPTION: \$35, discounted to \$25 if paid before enrolment deadline at start of year. New members joining in the fourth term will be entitled to membership for the following year without additional payment.

OPTIONAL HARD NAME TAGS \$12 Select [] pin back or [] magnetic (do not use magnetic with pacemaker)

Print name as you want it to appear _____

PAYMENT by cheque [] cash [] EFT []

To pay online: U3A Lower North, No. 748828019; BSB 085 558. Emails to u3alownorth@gmail.com

For ID use surname followed by initial, e.g. John Smith = smithj.