



Couples, please fill in a separate registration form for each couple member

First name:		Surname:	
Member Number:	<i>(New members leave blank)</i>		
ARE YOU? (a) A CONTINUING MEMBER <input type="checkbox"/> or (b) A NEW MEMBER <input type="checkbox"/>			
<i>NB: Continuing Members do not need to fill in this section if no details have changed</i>			
Preferred first name:			
Gender:			
Year of Birth:		<i>NB: Year of birth is required for funding applications</i>	
Street Address:			
Postal Address (if different):			
Contact phone number:			
Email address:			
Emergency contact name:			
Contact number:			
Relationship:			

Are you happy to have your newsletter sent to you by email? YES NO

Are you happy to have your photograph taken & used in U3A activities? YES NO

PAYMENT DETAILS – I wish to rejoin or join U3A with the following membership category:-

Category	Sub Category/Detail	Fee Payable Full Year	Payment Made
Single Member	Full membership with all membership rights	\$50.00	
Couple member	Full membership with all membership rights	\$40.00 each Couple \$80.00	
Volunteer	A volunteer, e.g. Committee Member, not attending any classes	No fee payable	
Leader	Leader, not attending any classes, OR Leading more than one class and attending any number of classes	No fee payable	
Leader Participant	Leading only one class and attending one or more classes	\$25.00	
OER Supplement	To become a member of the entire Outer Eastern Region (OER) group of U3A's	\$10.00 each	
Other OER	A member of another Outer Eastern Region (OER) U3A wishing to attend a course at Healesville	No fee payable	
Associate member	Already a member of another U3A that is not in the Outer Eastern Region (OER)	\$20.00	
TOTAL PAYMENT			

If paid by EFT into Healesville U3A's bank account tick here - date of payment ____/____/____
(Bendigo Bank, Account Name: U3A Healesville, BSB 633-108, Account No. 1570 90572)

I wish to become a member of the Association, support the purposes of the Association and agree to comply with the rules of the Association.

Signed: _____



FOR OFFICE USE ONLY – DO NOT FILL IN

MEMBER NAME:				<i>RECEIPT STAMP</i>
MEMBER NUMBER				
Amount paid		Verified by		
Date of Payment	___/___/___	Paid by	Cash / Cheque / EFT / EFTPOS	