



U3A Healesville, P.O. Box 1017, Healesville, Vic, 3777

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

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	Description	Fee Payable Full Year	Payment Made
<b>Full Member</b>	Full membership with all membership rights	<b>\$50.00</b>	
<b>Volunteer</b>	A volunteer, e.g., Committee Member not attending any classes	<b>No fee payable</b>	
<b>Leader</b>	Leader, not attending any classes, <b>OR</b> Leading more than one class and attending any number of classes	<b>No fee payable</b>	
<b>Leader Participant</b>	Leading only one class and attending one or more classes	<b>\$25.00</b>	
<b>OER Supplement</b>	A member of the entire Outer Eastern Region (OER) group of U3As may attend courses at sister U3As	<b>\$10.00</b>	
<b>OER Member</b>	Already a member of another OER U3A, and has paid the OER Supplement to their own U3A, wishing to attend courses at Healesville	<b>No fee payable</b>	
<b>Associate Member</b>	Already a member of another U3A that is <b>not</b> in the Outer Eastern Region (OER) wishing to attend Healesville courses	<b>\$20.00</b>	
<b>TOTAL PAYMENT</b>			

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**

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