



HEALESVILLE
UNIVERSITY OF THE THIRD AGE

ABN: 73370385591

APPLICATION FOR NEW MEMBERSHIP

PERSONAL DETAILS:

Membership No:	
First Name:	Last Name:
Street Address:	
Suburb:	Postcode
Email:	
Home Phone No:	Mobile No:
Year Born:	Gender:
Emergency Contact Name:	
Emergency Contact Phone No:	

FEE STRUCTURE: 2021: *Please complete*

Annual Membership	Full	\$50.00
Associate member <i>Please specify:</i>	Already a member of another U3A that is not in the Outer Eastern Region (OER)	\$20.00
Other OER member <i>Please specify:</i>	A member of another Outer Eastern Region (OER) U3A wishing to attend a course at Healesville WITH OER STAMP	\$0.00
OER	To become a member of the entire Outer Eastern Region (OER) group of U3A's	\$10.00

PAYMENT METHODS:

EFT: Bendigo Bank	Account Name: U3A Healesville	BSB: 633-108	Account No: 157 090 572	
CHEQUE				
CASH				

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.

Privacy statement: U3A Healesville respects the privacy of your personal information and it is collected and held in accordance with our privacy policy.

Signed: _____ **Date:** _____