



APPLICATION FOR MEMBERSHIP RE-ENROLMENT

PERSONAL DETAILS:

| | | |
|--|-------------------|--|
| Membership No: | COVID Vaccination | |
| First Name: | Last Name: | |
| <i>Complete the following ONLY if details have changed</i> | | |
| Street Address: | | |
| Suburb: | Postcode | |
| Email: | | |
| Home Phone No: | Mobile No: | |
| Emergency Contact Name: | | |
| Emergency Contact Phone No: | | |

FEE STRUCTURE: 2022: *Please complete*

| | | |
|--|--|----------------|
| Annual Membership | Full | \$25.00 |
| Associate member <i>Please specify:</i> | Already a member of another U3A that is not in the Outer Eastern Region (OER) | \$10.00 |
| OER member <i>Please specify:</i> | A member of another Outer Eastern Region (OER) U3A wishing to attend a course at Healesville | \$0.00 |
| 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 | \$0.00 |
| Volunteer | A volunteer, e.g. Committee Member, not attending any classes | No fee payable |

PAYMENT METHODS:

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

I agree to the U3A Healesville Membership Conditions

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: _____