



HEALESVILLE
UNIVERSITY OF THE THIRD AGE

ABN: 73370385591

APPLICATION FOR NEW MEMBERSHIP

PERSONAL DETAILS:

Membership No:	COVID Vaccination	
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: 2022: *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	\$0.00

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:** _____