

ABN: 73370385591

## **APPLICATION FOR MEMBERSHIP**

Membership No:				
First Name:		Last Na	Last Name:	
Complete the following	ng ONLY if details l	have changed	1	
Street Address:				
Suburb:		Postcode		
Email:		Year of Birth:		
Home Phone No:		Mobile No:		
Emergency Contact N	Name:	·		
Emergency Contact F	Phone No:			
EE STRUCTURE:	<b>2023:</b> Please comp	olete		
Annual Membership	Full			\$50.00
Associate member Please specify:		Already a member of another U3A that is <b>not</b> in the Outer Eastern Region (OER)		
<b>OER member</b> Please specify:		A member of another Outer Eastern Region (OER) U3A wishing to attend a course at Healesville		
Leader		Leader, not attending any classes, <i>OR</i> Leading more than one class and attending any number of classes		
Leader Participant	Leading only one classes	Leading only one class and attending one or more classes		\$25.00
Volunteer		A volunteer, e.g. Committee Member, not attending any classes		No fee payable
AYMENT METHO	ns·			
EFT: Bendigo Bank	Account Name: U3A Healesville	BSB: 633-108	Account No: 157 090 572	
EFTPOS				
CHEQUE				
CASH				
I agree to the rivacy statement: U3A H	U3A Healesville Meml	·		nd it s
ollected and held in acco			p = = = = = = = = = = = = = = = = = = =	