



HEALESVILLE

ABN: 73370385591

APPLICATION FOR MEMBERSHIP

PERSONAL DETAILS:

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

FEE STRUCTURE: 2025: *Please complete*

Annual Membership	Full	\$55.00
Associate member <i>Please specify:</i>	Already a member of another U3A that is not in the Outer Eastern Region (OER)	\$20.00
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	\$25.00
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:** _____