



Whittlesea U3A Inc. Membership 2020

34 Robert Street
LALOR VIC. 3075

P.O. Box 1157

LALOR 3075

Telephone 9464 1339

ABN 91617395831

Please print clearly

Subscriptions for 2020: - Full member \$50 Associate member \$30

Membership Number (if known)	First Name	Surname / Family Name	Preferred Name <small>(if different to First name)</small>	Year of Birth
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Gender (M/F)

Street Number and Name

.....

<u>Membership Type</u>	
Full	<input type="checkbox"/>
Associate*	<input type="checkbox"/>
<small>*Full member of U3A</small>	
Tutor/Leader	<input type="checkbox"/>
CoM Life member	<input type="checkbox"/>

Suburb

.....

Postcode

.....

'Phone—Home (03)

.....

'Phone—Mobile

.....

[Please print] Email

.....

Do you want the newsletter by email?

Email preferred—tick one box only

(Previous) Occupation

.....

Municipality (To which City do you pay rates?)

.....

Country of Birth

.....

Emergency contact person's name (one only)

.....

Contact person's phone number

.....

Contact person's relationship to you

.....

I agree to the Whittlesea U3A Membership Terms & Conditions <http://whittleseau3a.org.au/about-us/policies/>

➔ **Applicant's Signature** _____ **Date** _____

It is only with our member's involvement that this association is able to function effectively

Are you able to assist in any of the following ways?

General Duties [] Office Duties [] Newsletter mail [] Tutor/Activity Leader []
 Committee/sub-committee [] Photography / Video Recording [] Community connector []
 Not at this stage []

<u>Office use only</u> <u>Office use only</u> <u>Office use only</u> <u>Office use only</u> <u>Office use only</u>				
Amount _____	Date _____	Cash <input type="checkbox"/>	Cheque <input type="checkbox"/>	N ^o _____
Received by _____				

Whittlesea U3A Inc. Class Selection 2019 ABN 91617395831

Name.....	Member No.....
Address	
Phone	Mob.....
Email	

Please be mindful of the dates and times of the courses you select to ensure they do not overlap

Code	Description

NOTE: Name tags MUST be worn to ALL Courses

Post this form to
Secretary
Whittlesea U3A Inc.
PO Box 1157
Lalor 3075

or deliver to
Whittlesea U3A Office
Peter Lalor College
34 Robert Street (opp Ryder Street)
Lalor 3075

Make your Selections from our 2019 Course Calendar. (Refer to our website — <https://whittleseau3a.org.au/>)

Enter your selections including Course Code that interest you. You will be notified of the courses you are enrolled in. We do have members on waiting lists for some courses. Therefore, anytime during the year you decide to stop attending, it is imperative you notify the Course coordinator. If you are going to be absent for more than THREE consecutive course times you must notify the Course Leader or Office, to maintain your place in the course.

