

U3A WERRIBEE REGION INC.

Reg No A0027045B

Treasurer

PO Box 1264

Werribee Plaza 3030

Tel: 9395 1606

Email: membership.u3awbee@hotmail.com

APPLICATION FOR MEMBERSHIP

Title	Given Names	Family Name	
Address		Suburb	Post Code
Date of Birth		Home Phone Number	
Previous Occupation		Mobile Telephone Number	
Email Address		Preferred Name for Badge	

Fee Structure:
January 1 to
December 31

Annual Membership Werribee U3A	Full Member	\$40.00
If a financial Member of another U3A - You Must supply current details _____	Associate Member	\$15.00
U3A Name: _____ Membership No: _____		
Pro Rata Membership (this fee applies to those joining in Fourth Term ONLY)	Pro Rata Member	\$20.00
Please enter amount: cheque/cash enclosed for the sum of		\$ _____

For Office Use Only:

Received Payment	Receipt No.
	<input style="border: 2px solid green;" type="text"/>

We are always seeking to increase our courses on offer. If you have any skills or hobbies and would be willing to lead a course, please contact our Course Co-Ordinator.

YES - I would be willing to lead a course in

OR ALTERNATIVELY, I would be willing to be a general office helper

Any information you supply on this form is for U3A Administration and Council of Adult and Further Education funding purposes only and will be held as strictly confidential in accordance with information privacy laws

Membership Enquiries phone Jannette Allen 9395 1606 **OR** Course Information Kaye Harvey phone 0402 631 171

PLEASE ENSURE that you have completed both the front and back of this form

PLEASE ENTER YOUR CLASS SELECTION(S) BELOW

Class	Day	Time	Office Use - Tutor Advised

How / Where did you hear about U3A Werribee:

1. CLASS SIZE LIMITS: :

Some classes have a maximum number of participants. Acceptance into a class depends upon the number of enrolments into that subject and how many the Leader is comfortable having in a class.

2. PRIORITY:

Full Members receive priority over Associate Members for places in classes. Priority will be given to existing members who renew their membership on enrolment day.

The Committee of Management advises that the material presented in classes is at the discretion of the leader and does not reflect the views of the management/organisation. Please seek clarification from the leader where necessary

EMERGENCY CONTACT INFORMATION

It is desirable for U3A to maintain a record of member's contact information in case of a medical emergency during any of our classes or other functions. Please therefore complete the following details, which will be kept confidential and only made available to leaders of any such activities.

CPR Completed Yes / No
Circle Answer

CONTACT NAME/S:

(1) Relationship Phone No

(2) Relationship Phone No

Signature: _____ Date: _____

Disclaimer: Members need to be aware that they must accept responsibility for their own welfare when attending any U3A Werribee Region classes or social activities/outings

For Office Use Only:

Received Payment

Receipt No - Approved

Brochure/Newsletter Sent	<input type="checkbox"/>	ACFE No.	<input type="checkbox"/>
Welcome Letter/Placement confirmation sent	<input type="checkbox"/>		
Lanyard Sent	<input type="checkbox"/>	Include in Newsletter	<input type="checkbox"/>
Record on Agenda	<input type="checkbox"/>	Input Email Address	<input type="checkbox"/>
Advise Outings Group	<input type="checkbox"/>	Lunch & Movies Group if applicable	<input type="checkbox"/>
Cancelled Membership: Date		<input type="checkbox"/>	
Removed from Email Listing		<input type="checkbox"/>	