Membership



Application

First Name*		Preferred Name (if different from First N	Jame)
Last Name*		·	
Email Address*			
Phone Preferred*		Secondary	
Mailing Address* _			
		_	
Home Address (if different from above)			
Suburb/Town		Postcode	
Gender □ Male	□ Female	□ Other	□ Prefer not to say
Emergency Contact Name		Relationship	
Mobile		Landline	
Areas of Expertise: (Past occupations, hobbid	es, interests, etc.)		
of your organisation?	nt upon its volunteers . Would	you be willing to share your skil	ls and knowledge to assist in the operation
□ I would like to learn more about becoming a Tutor			
□ I would be willing to assist at some events as a Friends of U3A			
□ I would like to learn more about becoming a part of the U3A Management Committee or one of its Support Officers			
Terms and Condition I hereby declare and ag			
□ I am eligible to become a member of U3A and agree to abide by the <u>Association's Constitution and Rules</u> .			
·	•	s <i>not</i> guarantee a place in a class the class and its availability in a	s, that if a class is full it may be possible to later term.
□ I am aware that there <i>may</i> be a fee each term for classes I enrol in; the amount payable will depend on venue and subject.			
□ I understand that the U3A Toowoomba's Membership Fee is <i>not</i> refundable.			
□ I understand that all official U3A Toowoomba correspondence will be sent using email.			
□ I agree to abide by U	J3A Toowoomba's <u>Code of Con</u>	duct.	
Applicant's Signatur	e:		Date:
Office Use Only Paid \$ Re	eceipt No Mem	ber No Date Join	ed Welcome Pack Given/Sent