

U3A in Toowoomba Inc.
PO Box 404 Drayton North
Toowoomba 4350



OFFICE USE ONLY	
Paid \$	CHQ CSH DBD CR/Card
Receipt No:	
Member No:	
Date Joined:	
Welcome Pack given/mailed	
Branch (leave blank for T)	P <input type="checkbox"/> CN <input type="checkbox"/>

MEMBERSHIP APPLICATION

[Complete sections 1-21: please print clearly]

1	Have you ever been a member of U3A Toowoomba? Yes <input type="checkbox"/> Year, if known..... No <input type="checkbox"/>		
2	FAMILY NAME		
3	GIVEN NAME		
4	PREFERRED BADGE NAME		
5	YEAR OF BIRTH / GENDER	 6 M <input type="checkbox"/> F <input type="checkbox"/>
7	RESIDENTIAL ADDRESS [Use Suburb and Post Code]		
8	MAILING ADDRESS		
	PHONE NUMBERS	9 Fixed	10 Mobile
11	EMAIL PLEASE PRINT		
12	NEWSLETTER DELIVERY [Does not apply to Course Book]	Email <input type="checkbox"/>	Aust Post <input type="checkbox"/> None <input type="checkbox"/> [couples]
13	EMERGENCY CONTACT Name:	14 Relationship:	15 Phone:
16	YOUR PREVIOUS OCCUPATION		

U3A IS TOTALLY RELIANT UPON ITS VOLUNTEERS. WOULD YOU BE WILLING TO SHARE YOUR SKILLS AND/OR KNOWLEDGE TO ASSIST IN MAINTAINING THE OPERATION OF YOUR ORGANIZATION WITH ONE OF THE FOLLOWING?

17	Willing to be a tutor? YES <input type="checkbox"/> NO <input type="checkbox"/>	18	In Subject Area:
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19	Willing to Assist at Some Events YES <input type="checkbox"/> NO <input type="checkbox"/>
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U3A Toowoomba holds Public Liability Insurance with QBE in the amount of \$20,000,000
 Personal details are for internal purposes only. Refer to our Privacy Policy, on our website and in your welcome pack.

By signing this form, I hereby declare and agree that:

1. I am eligible to become a member of U3A and agree to abide by the Association's Rules.
2. I understand that payment of membership fee does NOT guarantee a place in a class, that if a class is full it may be possible to have my details added to a waiting list, depending on the class and its availability in a later term.
3. I am aware that there will be a fee each term for classes I enrol in; the amount payable will depend on venue & subject.
4. I understand that the Membership Fee is not refundable.

20	If submitting form by mail or email SELECT PAYMENT METHOD:	Direct Deposit <input type="checkbox"/> [Name included on subject line]	Cheque Enclosed <input type="checkbox"/>	CREDIT CARD: VISA <input type="checkbox"/> M/Card <input type="checkbox"/> Name on Card..... Card number..... Expiry date.....CVN..... This Information will be destroyed upon completion of Transaction (See Privacy Policy at u3atoowoomba.au)
21	APPLICANT'S SIGNATURE			Date: