



Kilmore & District Inc.
 Inc AOO49240R ABN 93 729 442 622

PO Box 550 Kilmore 3764. E-mail: info@u3akilmoreanddistrict.com.au

Membership Secretary: c/o PO Box 550, Kilmore.

Please mark Box

New Membership and Member Renewal Form.

1st January to 31st December 2020.

Membership Fees: \$35 per person, \$60 per couple + \$5 Joining fee*, (new members), \$5 Associate Member.
 *One off joining fee.

New Member

Renewal

Associate

Family Name(s) _____

Given Name(s) _____

Address _____

Contact Phone Number(s) _____ E-mail _____

Single Retired Retired Couple Other (specify) _____

Age Range (circle – optional.) 45-50, 51-55, 56-60, 61-65, 66-70, 71-75, 76-80, 81-85, 86-90, 90+

Previous occupation. _____

Course(s) or subjects I would like to attend. _____

Please specify any physical disabilities we may need to make provisions for. _____

Would you lead a tutorial or workshop session in a subject in which you have experience? Yes No

Please List. _____

Could you assist in any administration functions, typing, computing, newsletter publicity? Yes No

Please indicate. _____

Would you like to receive the newsletter via e-mail? Yes No (E-mail is the preferred method.)

Under the provisions of The Associations Incorporations Act, I understand that by signing this application I agree to support the purposes of U3A and will abide by its rules; I also understand this application is subject to acceptance by the Committee.

Signature _____ Date _____

Please pay fees into Bendigo Bank, U3A Kilmore and Dist. General Acc. BSB 633 000 Acc. No. 153853783, referencing your name & the word MEMBERSHIP.

**Please mail/e-mail/hand your/this completed Application Form to Membership Secretary, PO Box 550, Kilmore.
info@u3akilmoreanddistrict.com.au**

Office Use.

Member Accepted _____ Fee Paid _____ Receipt No. _____

Data Entered _____