



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

PO Box 550 Kilmore 3764

Membership Secretary: Pam Priestley. Ph: 0434216728

Please mark Box

New Membership and Member Renewal Form.

1st January to 31st December 2019.

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) 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
 Reference: Your Name & MEMBERSHIP. Please mail your Application Form or give to a Committee Member.**

Office Use.
 Member Accepted _____ Fee Paid _____ Receipt No. _____

Data Entered _____