***Seymour & District U3A Inc.***

***Membership Form 2025***

**TITLE (Mr, Mrs, Miss, Ms, Other)...........NAME.....................................................................................**

**ADDRESS (residential)................................................................................................................**

**POSTAL..........................................................................................POSTCODE..........................**

**PHONE................................................................ MOBILE..........................................................**

**YEAR OF BIRTH.............................**

**EMAIL:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**EMERGENCY CONTACT NAME (in case of illness)........................................................................**

**PHONE............................................................... MOBILE...........................................................**

**Do you have any skills you’d like to share with U3A? (Please list)......................................**

**......................................................................................................................................................**

**I wish to receive the newsletter by mail $15 email free** (please tick)

**How did you hear about U3A?:-.................................................................................................**

**CURRENT FEES**

|  |  |
| --- | --- |
|  | **FULL YEAR** |
| **MEMBERSHIP FEE** | **$40.00**  |
| **JOINT MEMBERSHIP FEE** | **$60.00**  |
| **AFFILIATE FEE** | **NO FEE**  |
| **NEWSLETTER by mail** | **$15.00** |

(**Affiliates only - U3A & membership number).........................................................**

Please send the completed application form, with your fees to:-

|  |  |
| --- | --- |
| **The Secretary** | **Bank Account Details:** |
| **Seymour & District U3A Inc.** | **BSB – 803-078** |
| **P O Box 767** | **Account No. 100109748** |
| **Seymour VIC 3661** | *Please quote surname and initial as reference* |
|  |  |

Cheques made payable to: Seymour & District U3A Inc

 **MEMBERSHIP FEES $30.00**

 **JOINT MEMBERSHIP FEE $50.00**

 **AFFILIATE FEE NO FEE**

 **AFFILIATE MEMBERSHIP U3A & NUMBER.................................................................**

 **NEWSLETTER FEE IF POSTED $2.00**

Please send the completed application form, with your fees to:

 **The Secretary**

 **Seymour & District U3A Inc.**

 **P O Box 767**

 **Seymour VIC 3661**

 Cheques to be made payable to: Seymour & District U3A Inc.

 **Donations appreciated $.............**

I wish to **RENEW APPLY RE-APPLY (please circle)**

for membership of Seymour & District U3A and agree to the aims as set out in the

Seymour & District U3A Constitution.

Do you give permission to use your photo for media & publicity purposes? Yes No

**Signature................................................................................... Date......................................**

**Your membership information will only be used for administration purposes.**

OFFICE USE: Date:.......................... Receipt No.:..........................Member No.: .....................

Incorporation No: A0047264R Reviewed 24