

APPLICATION FORM



NILLUMBIK
UNIVERSITY OF THE THIRD AGE

Member Details		Annual Subscription	2024
ID No.	<i>Office Use Only</i> <div></div>	Associate Status	Have you paid full subscription at another U3A for the year shown above? <input type="checkbox"/> Yes <input type="checkbox"/> No
First Name		If yes – Name of Main U3A and	
Surname		Rcpt No/ Member No of Main U3A	
Gender	F / M / prefer not to say	Amount Paid	Member <input type="checkbox"/> \$55 Yr <input type="checkbox"/> \$27.50 Jul-Dec Associate <input type="checkbox"/> \$30 Yr <input type="checkbox"/> \$15 Jul-Dec Exempt <input type="checkbox"/> \$0
Year of Birth		Paid by	<input type="checkbox"/> Cash <input type="checkbox"/> Cheque <input type="checkbox"/> Bendigo Bank EFT/Credit BSB: 633000 Acct: 135510063 <input type="checkbox"/> Credit Card (Square/Tyro)
Email Address		Receipt/Transaction Ref	<i>Office Use Only</i>
Street Address		Receipt Date	____/____/____
Suburb		Volunteering U3A relies totally on members volunteering their time and skills. Are you able to volunteer to help? <input type="checkbox"/> Yes <input type="checkbox"/> Maybe later <input type="checkbox"/> No How? <input type="checkbox"/> Tutor in a subject _____ <input type="checkbox"/> Committee/sub-committee member <input type="checkbox"/> Be part of a team co-ordinating an area (e.g. publicity, fundraising, events, courses, venues and assets, volunteering, welfare etc). <input type="checkbox"/> Assist at event <input type="checkbox"/> Office Admin or Reception <input type="checkbox"/> Other _____	
Post Code		Signature <div></div>	
Home Phone		I agree to the fair use, for newsletter & publicity purposes, of any official U3A photographs or videos in which I might appear? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Mobile Phone		I wish to become a member of Nillumbik U3A. I support its purposes and agree to comply with its rules.	
Emergency Contact Name		Signed _____	
Emergency Contact Phone		Date _____/_____/____	
Occupational Background			
Skills Areas			
Course Areas of Interest			
Office Use Only <input type="checkbox"/> Welcome Pack forwarded by _____ Hand / Post / Email <input type="checkbox"/> Badge, Holder & Lanyard forwarded by _____ Hand / Post <input type="checkbox"/> Membership OASIS entry completed <input type="checkbox"/> Volunteering OASIS entry completed <input type="checkbox"/> Subscription OASIS entry completed Progress Name _____ Date ____/____/____ Completion Name _____ Date ____/____/____			

Send to: Nillumbik U3A, PO Box 852, Eltham, 3095 OR scan and email to office@nillumbiku3a.org.au
OR deliver to the Office, Eltham Central Pavilion, 18 Panther Place, Eltham. Ph: 0468 300 764