

# U3A NOOSA

## MEMBERSHIP APPLICATION

CONFIDENTIAL

Current Membership No:

Name:

Residential Address (not postal):

Suburb:

State:

Postcode:

Gender: Female

Male

Age:  Under 50

50 – 59

60 – 69

70 – 79

80+

Phone: (M)  
(H)

Email address:

### EMERGENCY CONTACT DETAILS

*If I become ill or have an accident while at U3A please contact*

*\*Please note this section is mandatory*

\*Name:

\*Relationship to you:

\*Phone (mobile preferred):

\*Illness or other relevant medical information in the event we need to call an Ambulance

\*Special needs in cases of impairment or disability

### APPLICANTS AUTHORITY

*I accept that membership is subject to the conditions as set out on this form and on u3a noosa website under members info, terms & conditions of membership. **Membership Fees once paid are non-refundable.***

**Signature of applicant:**

**Date:** / /

### MEMBERSHIP CATEGORY

*Please tick applicable box*

Membership Renewal:

New Member:

Reciprocal:

Ex-Officio:

Annual: \$45

Semester: \$30

Temporary: One Month \$10

### PAYMENT METHOD

*Please tick applicable box*

Cash:

Cheque:

EFTPOS/Credit Card @ Reception

Amount Paid: \$

Receipt No:

### OFFICE USE

Financial System Updated:

Date: / /

Initials:

Membership Database Updated:

Date: / /

Initials:

### YOUR PRIVACY

We are bound by the Australian Privacy Act and will protect your personal information in accordance with the Australian Privacy Principles. These principles govern how we can collect, use, hold and disclose your personal information. For full details of our Privacy Policy please visit our website.