



TAMAR VALLEY U3A INC.

ABN: 33 590 232 674
 The Old Courthouse, Grubb Street
 Beaconsfield, Tasmania 7270
 Telephone: 0429 965 015
 Email: tamarvalleyu3a@gmail.com

MEMBERSHIP APPLICATION FORM 2015

MEMBERSHIP FEE: \$40 PER ANNUM

Please Circle TUTOR NEW MEMBER RENEWAL M/SHIP NO:

Family Name		Given Name	
Year of Birth		Preferred Name on Badge	

Home Address	Street		
	Town	Postcode	
Postal Address			
Telephone No.		Mobile Phone No.	
E-Mail Address	(Please print clearly)		
Emergency Contact	Name	Phone	Mobile
Do you have a current First Aid Certificate? Please circle - YES NO			

I hereby apply to become a member of the above name Association. In the event of my admission as a Member, I agree to be bound by the Constitution of the Association for the time being in force and by protocols set by group leaders. I expressly understand and agree that participation in the activities and courses shall be undertaken at my own risk.

*I grant permission to Tamar Valley U3A for photographs and/or videos to be taken during any U3A approved activities that may include images of myself to be published on the U3A website, in their newsletters and/or local newspapers. **I Agree/Disagree to my photo being taken (Circle One)***

Signature..... Date.....

Tamar Valley U3A is totally reliant upon its volunteers. You are asked to share your skills, knowledge and abilities, to assist in maintaining the operation of the organisation. Please indicate how you would like to contribute to your U3A. Please tick.

<input type="checkbox"/>	Committee or Sub Committee member	<input type="checkbox"/>	Course Coordinator	<input type="checkbox"/>	Course Leader	<input type="checkbox"/>	Publicity/Promotion
<input type="checkbox"/>	Office duties	<input type="checkbox"/>	Newsletter	<input type="checkbox"/>	Venue Coordinator	<input type="checkbox"/>	Membership Coordinator

Payment Methods *By cheque or Money Order (payable to Tamar Valley U3A) mailed or delivered to the above address. Cash - paid in person to the above address. EFT: If using EFT our details are: **Bank: Heritage Isle CU, BSB: 807-001; A/c 6739; A/c Name: Tamar Valley U3A; Ref: Your Name***

Office Use only	Initials	ID NO:	Date Joined:	Receipt No:	Card Issued	Entered database
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