



Hastings U3A Inc.
 PO Box 537 Hastings 3915 VIC.
 ABN25824915887 Inc.No.A0050846E



Newsletter

Membership Renewal

Incorporation No A0050846E
 Phone: (03) 5979 8585
 PO Box 537 Hastings Vic 3915

ABN 25 824 915 887
 email: u3a@iinet.net.au
 www.hastingsu3a.org.au

This application is for EXISTING members, for the year 1 Jan to 31 Dec 20.....

Membership Number: Membership \$25.00pp Associate Membership \$15.00pp

This number appears on your previous year's name tag.

The application is for FULL membership [] **OR** ASSOCIATE membership []

Please tick appropriate box. Associate membership is offered to full members of another U3A. Please attach a photo copy of your membership receipt or card for that U3A.

For current membership fees, refer to the current Members' Information Sheet

Surname: Mr / Mrs / Ms /other

Given names:

Please underline your preferred given name. This name will appear on your new nametag for this year.

Postal address:

Residential address:

Email address:

Tick here if you wish to receive our newsletters and other correspondence via email [].

Phone: Mobile:

Date of birth: Country of birth:

Please tick if you are willing to volunteer for any of our support work: []

If 'Yes', please complete the separate Volunteering Application form.

Do you have any health problems you think U3A should be aware of? Yes / No

If 'Yes', please provide details:

.....

In case of medical or other emergency, please contact:

.....

I apply to join Hastings U3A, and agree to abide by the organisation's rules.

I confirm that I have received and read a copy of the Members' Information Sheet.

Signed: Date: / /

Payment by cash, money order or cheque only. Please make cheque payable to Hastings U3A

Office use only:

Membership fee paid: \$..... Cash / Cheque (Circle as appropriate)

Single / Couple / Associate (Circle as appropriate)

Receipt number: Receipt date / /

Entered on MDP by: Date / /

Entered on Members List by: Date / /