



45 Jackson St., Wynyard, Tas. 7325  
Email: [u3awynyard@gmail.com](mailto:u3awynyard@gmail.com) Facebook

**Membership application form. One form per person.**

FIRST NAME: .....SURNAME:.....

EMAIL: (please print clearly) .....

CONTACT PH NO: (mobile for SMS preferably) .....

ADDRESS:.....

DATE OF BIRTH: (optional) GENDER: (tick) male female other

WHERE DID YOU FIRST HEAR ABOUT U3A Wynyard:

.....

**FEES: (tick box)**

Individual:  \$30 per term or  \$50 per year (January-December)

Couple:  \$50 per term or  \$75 per year. Partner's name.....

Fees may be paid by EFT, or cheque. Cash will be accepted by arrangement.

Cheque to 45 Jackson St, Wynyard, Tas. 7325

EFT - Bank: CBA, Wynyard BSB: 067010 Ac: 1006 8342 **Please supply your full name**

I accept responsibility for my personal safety while participating in U3A Wynyard activities.

Please note completion of the attached medical form is required for membership.

Renewing members - Do you need to update your medical form?

**Applicant's signature:**

**Date:**

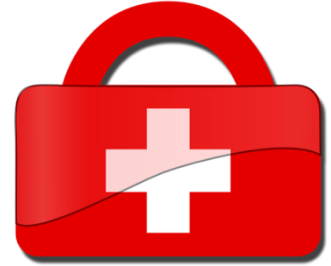
Privacy Policy U3A Wynyard

U3A collects personal information from members to enable us to deliver an efficient service to members.

The information collected is managed solely by U3A Wynyard and will only be used for organisational, emergency, insurance, and grant submission purposes.

Office Use Only	ID no:	Receipt No:	Date joined:	Medical flag:
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**U3A Wynyard Medical  
 Information form**



Please complete this form as follows:

- a) if you have a medical condition/s which may require assistance during the period of your U3A participation, complete sections 1 & 2, tick sections 3 & 4, and sign.
- b) If you have no such condition/s, complete section 1, write **NOT APPLICABLE** in Section 2, tick sections 3 & 4 and sign.

1. Name .....

Name of emergency contact:.....

Contact no for emergency contact:.....

2. Medical condition/s which are relevant / assistance required:

Examples    Anaphylaxis response to jack jumper bites / use epi pen which is in my handbag  
                   Epilepsy / stabilised/ no emergency treatment required

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 .....  
 .....

- a. I accept responsibility for my personal safety while participating in U3A Wynyard activities.
- b. I give permission for my U3A tutor and/or classmates to render assistance, and/or to call an ambulance.

Signed: ..... Date:.....

This form will be kept on file for the duration of your membership, and will be destroyed afterwards. It will be used only for the purpose of informing tutors.