



2 Easton

Ave., Wynyard, Tas. 7325
Email: u3awynyard@gmail.com Facebook

Membership nomination form. NEW members only One form per person.

FIRST NAME:SURNAME:.....

EMAIL: (please **print** clearly)

CONTACT PH NO: (mobile for SMS preferably)

ADDRESS:.....

YEAR OF BIRTH: GENDER: male female other

WHERE DID YOU FIRST HEAR ABOUT U3A Wynyard?
.....

FEES: (tick box)

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

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

Fees may be paid by EFT, cash or cheque.

Cheques can be posted to 2 Easton Ave, Wynyard, Tas. 7325

Name: **Bank of Us** Wynyard **BSB: 632-001 Account No.:100182228** **Please supply your full name**

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

I acknowledge and commit to the objectives of U3AWynyard

I have completed the attached medical form as required for membership.

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	Receipt No:	Date joined :	Medical flag:
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