

MEMBERSHIP FORM: **Renewal** **New Member**

Name		Member Number	
Address			Postcode:
Telephone		Mobile	
Emergency contact & phone			
Email address			
How do you wish to receive your Newsletter and Class Calendar? Please choose: <input type="checkbox"/> Email <input type="checkbox"/> Collect from Office <input type="checkbox"/> Postage (Costs \$5 extra)			
Membership Type and Fees: Please choose:			
<input type="checkbox"/> \$45.00 Single <input type="checkbox"/> \$70.00 Joint membership <input type="checkbox"/> Plus \$5 Postage (if required) <input type="checkbox"/> Associate Member (Tutors not enrolled in classes) <input type="checkbox"/> Life Member			
Note: Membership is due on January 1 st each year. Membership fees paid after 30 September will take your membership through to the following year without further fees.			
Method of Payment: Please choose. Note that there is no provision for credit card payments			
<input type="checkbox"/> Pay in person at the office: 23 Bosworth St. Richmond Monday: 9.30am to 12 noon Wednesday: 9.30am to 12 noon Friday: 9.30am to 12 noon		<input type="checkbox"/> Pay by Bank Transfer Arrange a transfer to the following account: Account Name U3A Hawkesbury Inc. BSB 062595 Account number 10338864	
<input type="checkbox"/> Pay by cheque or money order Posted to the mailbox address above		To enable identification of your payment, add your First Initial and Surname in the Reference field. Note: You will need to deliver, post or email this form to the office, along with your completed class enrolment form.	
Please list any topics/subjects for which you would be prepared to act as course leader			
Are you able to help with occasional office duty?			
Are you able to assist members who may require transport?			
Please tick relevant box:			
<input type="checkbox"/> YES I am enrolling in a class or classes and my <u>Class Enrolment Form is attached.</u>			
<input type="checkbox"/> NO I do not intend to enrol in a class at this time.			
I hereby apply to join/renew my membership of U3A Hawkesbury Incorporated and agree to be bound by the rules of this association.			
Signature:			Date:

Office Use only:
 Membership number.....Date Computer Email List Name Card.....