



55 Hesse Street, Colac Vic. 3250
Or: PO Box 558, Colac Vic. 3250
Email: u3acolacotwayjoin@gmail.com
Website: <https://u3acolacotway.org.au>
Phone: (03) 5231 4435

Supported by Colac Otway
Shire and U3A Network Victoria
2024

MEMBERSHIP APPLICATION FORM

Annual subscription \$30.00 per person

I would like to apply/reapply for membership of **U3A Colac Otway** accepting that the information provided in this form may be used by the Organisation, for the Organisation only, in accordance with State and Commonwealth Privacy Legislation.

PLEASE PRINT CLEARLY – **Your Contact Details (answer all questions)**

Title:	Given name/s:	Family name:
<input type="text"/>	<input type="text"/>	<input type="text"/>
Street Address		
<input type="text"/>		
City	State	Post Code
<input type="text"/>	<input type="text"/>	<input type="text"/>
Phone/Mobile	Date of Birth:	
<input type="text"/>	<input type="text"/>	
email		
<input type="text"/>		
Emergency Contact Name	Phone/Mobile	
<input type="text"/>	<input type="text"/>	

The U3A newsletter **“THE INFORMER”** will be sent to your **EMAIL** address, hard copies are available at the U3A office.

Member Information

Mark appropriate square with an ‘X’				
Are you a new member? YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	
All U3A activities and office services are provided by volunteers . You may have a skill/interest to share.				
Would you consider becoming a volunteer?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
How did you hear about U3A?	<input type="text"/>			

PLEASE ensure you complete the 2 PAGES of this FORM

What was your
Previous Occupation?

Which activities are you
interested in attending?

U3A Colac Otway uses members' photos for local and statewide U3A publicity. Should you **not consent** to your photo being used, mark the box with an 'X'.

NO

Please read & agree the following terms:

* I have read and understand the U3A Colac Otway Code of Conduct policy. This policy document may be viewed at the office or on-line [here](#). I will be responsible for my own behaviour and will adhere to the rules of U3A Colac Otway. Participation in any activity is at the discretion of the Activity Leader.

* I will carry a completed and up-to-date Medical Card or equivalent while attending U3A activities for access in a medical emergency.

* **New members** will receive a free plastic pocket badge inclusive of the **\$30.00 subscription**.

PAYMENT METHOD: *(please mark relevant boxes)*

Amount \$30

(Standard Subscription)

By Cheque attached to form

By Cash or Credit/Debit Card at U3A office

By EFT/Bank Deposit to U3A Colac Otway Inc, BSB: 633000 ACCOUNT: 125674804 clearly stating your full name and citing U3A as the Reference. (Note this is Bendigo Bank Colac)

If paying on-line via EFT/Bank Deposit to **U3A Colac Otway Inc** you may **Email** the completed application form to u3acolacotwayjoin@gmail.com

Please note you must state your full name as Reference on your bank transfer for the membership to be accepted.

Signature of Applicant

Date

Electronic sign options: Type your name, e-draw sign, digital signature or manual sign & scan.

Date must be entered.

Office Use Only	Receipt No.	Membership No.
------------------------	--------------------	-----------------------

PLEASE ensure you complete the 2 PAGES of this FORM