

## **Registration Form**

(Office use only)				
Receipt Date	/	Receipt No	Membership No.	
	oligations require the tending any class.	nat the annual m	embership fee is paid an	nd a receipt is
1. Member De	etails			
Family Name: .		Giver	n Name:	
Address:				
Postcode:		Date	of Birth:	
Email:		Mob,	/Phone:	
Person to conta	ct in case of emerg	ency:		
Name:			Phone:	
2. Application	n for Membersh	ip of an Associ	ation (new members	only)
Annlicant				
Applicant		(Print full name)		
of				
		(Address)		
			corporated association. In stitution of the association	
	(Signature)		(Date)	
Proposer!			I am a me	mber of the
	(Print full name			
association and I n	•	•	ership of the association.	
	(Signature)		(Date)	•••••
Proposer 2			I am a me	mber of the
	(Print full name	•		
association and I n	ominate the above a	pplicant for membe	ership of the association.	
	(Signature)		(Date)	

3. Course Enrolment	
Course Leaders are fellow members who volunt you expect to attend and if you are unable to determine the control of the contro	teer their time. Please enrol only in those courses o so, please let the Course Leader know.
I would like to enrol in the following courses (re	efer to current semester <i>Course List</i> ):
4. Membership Fee \$30 per	calendar year or part thereof
Method of Payment: (tick one box)  Cash:	
	s in January for Semester 1 and June for Semester 2. orary Desk throughout the year (no change is
Electronic Funds Transfer:	
Transfer payment via online banking or at a bra following information:	anch of <b>Beyond Bank</b> . Both methods will need the
<ul> <li>Account Name: Singleton U3A</li> <li>BSB: 325-185</li> <li>Account Number: 22631014</li> <li>Reference: your name</li> </ul>	
•	mad the displacement of the last
Singleton Library desk staff. Retain your receip	mail it to <a href="mailto:singletonu3a@gmail.com">singletonu3a@gmail.com</a> , or hand it to t from the bank for our own records.
Cheque:	
Post cheque, payable to <b>Singleton U3A Inc</b> . with	h this form to PO Box 607 Singleton 2330.

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