



2018 New Full Member/Associate Member Registration & Membership Renewal Form TERM 1, 2018

1 Member's Name	FIRST NAME <i>(in CAPS)</i> _____ SURNAME <i>(in CAPS)</i> _____																																																																																																																							
2 Application Type	<input type="checkbox"/> New Full Member <input type="checkbox"/> New Associate* Member <i>(Please complete sections 3, 4, 5 & 6.)</i>																																																																																																																							
	<p><i>* If applying as Associate Member, name the U3A where you are a full member _____</i></p> <input type="checkbox"/> Renew Annual Membership <i>(Proceed to sections 5 & 6. Complete 3 if details have changed.)</i>																																																																																																																							
3 Details	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td rowspan="2" style="width: 25%;">Address</td> <td style="width: 45%;">Street:</td> <td style="width: 30%;">Postcode:</td> </tr> <tr> <td colspan="2">Suburb:</td> </tr> <tr> <td>Phone</td> <td>Home:</td> <td>Mobile:</td> </tr> <tr> <td colspan="3">Email</td> </tr> <tr> <td colspan="3">Year of Birth <i>(for U3A statistics report)</i></td> </tr> <tr> <td>Newsletters</td> <td>Request printed version if no email address.</td> <td><input type="checkbox"/></td> </tr> </table>	Address	Street:	Postcode:	Suburb:		Phone	Home:	Mobile:	Email			Year of Birth <i>(for U3A statistics report)</i>			Newsletters	Request printed version if no email address.	<input type="checkbox"/>																																																																																																						
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4 Signature	<p>I wish to become a full member/associate member of U3A Highvale Inc <i>(cross off as required)</i></p> <p>I support the purposes of the association <i>(copy available on request)</i></p> <p>I agree to comply with the rules of the Constitution <i>(copy available on request)</i></p> <p>Signed: _____ Date: _____</p>																																																																																																																							
	<p>Mark <input checked="" type="checkbox"/> to select course(s). New members will be on waiting list for full course(s). 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	<input type="checkbox"/> \$20 Additional fee per term if enrolling in Computer Course .																																																																																																																							
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RETURN COMPLETED FORM *Either deposit at: U3A Box in Highvale Village
Or mail to: U3A Highvale Inc. U3A Box, 42 Capital Ave, Glen Waverley, VIC 3150*