

U3A PERTH MEMBERSHIP FORM

Please use a black pen and block letters

Preferred Region: _____

Mr Mrs Ms Other

Given name: _____

Surname: _____

Address: _____ Post code: _____

Email: _____

Telephone: _____

Mobile: _____

Emergency Contact Name: _____ Phone: _____

How did you find out about U3A? _____

Interests and expertise I am prepared to share:

<input type="checkbox"/> Being a guest speaker	<input type="checkbox"/> Providing Regional Support
<input type="checkbox"/> Co-ordinating courses	<input type="checkbox"/> Leading Courses
<input type="checkbox"/> IT / Accounting	<input type="checkbox"/> Marketing / Publicity
<input type="checkbox"/> Administration	<input type="checkbox"/> Other _____

Membership fee: \$40 (1 Jan-31 Dec) \$25 (1 July-31 Dec)

Pay by cheque payable to: U3A (UWA). Post this **form** and the **cheque** to: **U3A (UWA)**
University of WA (M421)
35 Stirling Highway
CRAWLEY WA 6009

OR

Pay by credit or debit card by completing these details:

Charge to: Visa Mastercard Amex

Card No:

Expiry: / CVC: (3 or 4 digit code on back of card)

Name on Card:	_____
Card Holder's Signature:	_____

Office use only	
\$..... received as <input type="checkbox"/> Cash <input type="checkbox"/> Cheque <input type="checkbox"/> Card	
Receipt No:	Region:
Date:	Registered: