



UNIVERSITY OF THE THIRD AGE SOUTHERN PENINSULA INC.

Reg. No. AOO19318T

359a Point Nepean Road, Dromana P.O Box 396, Dromana Vic, 3936

Website: www.u3asp.org Email: u3asp@satlink.com.au

Phone: (03) 5981 8777

OFFICE HOURS: TUESDAY & THURSDAY 9.30 AM – 1.00 PM

MEMBERSHIP APPLICATION FORM

SURNAME.....PREFERRED NAME.....Mr Mrs Ms

ADDRESS:.....POSTCODE.....

POSTAL ADDRESS:.....POSTCODE.....

TELEPHONE:.....MOBILE:.....

EMAIL: .....

PLEASE TICK BOX: 50-60 [ ] 60-70 [ ] 70-80 [ ] 80+ [ ] RETIRED: YES / NO (please circle).

PREVIOUS OCCUPATIONS: (Optional).....

EMERGENCY CONTACT:.....RELATIONSHIP:.....

TELEPHONE:.....MOBILE:.....

COURSES WHICH I MAY BE INTERESTED IN (please list in order of preference)

Note: - Please contact the tutors to enrol in classes.

1 .....4 .....

2 .....5 .....

Also, please indicate other subjects you would like to study if Tutors can be found.

COURSES IN WHICH I WOULD BE PREPARED TO TUTOR OR LEAD

1 .....2 .....

3 .....4 .....

Please note any aspect of your former occupation/s or any special interests which could be shared with members of U3ASP.

.....PTO

**COULD YOU HELP?**

Costs can be kept to a minimum by members giving a little time to assist with the day-to-day running of U3ASP either on a regular basis or occasionally..

(a) I would be willing to work from 9:30am to 1 pm *monthly/fortnightly/weekly* to help out in the office.

**Please circle your preference.**

**DAY PREFERRED:** TUESDAY or THURSDAY

(b) I could help the committee on an occasional basis with :-

**Please circle your preference.**

***Social Functions/ Publicity/ Other:***

.....

**APPLICATION**

I .....(Full Name)

of .....(Residential Address)

wish to become a member of University of the Third Age Southern Peninsula Inc. Upon admission as a Member, I agree to be bound by the Rules of the Association for the time being in force.

I understand that I am the person who is fully responsible for the state of my health and I undertake to do all that is reasonable not to place other members in danger.. I hereby declare that I will only participate in those courses/activities that, to the best of my knowledge, I am physically able to undertake..

**U3A-SP Inc currently has cover for Public Liability, Fire and Burglary and Personal Accident for Volunteer workers (applicable only when on duty). Members should note that they are NOT covered for Personal Accident.**

Signature of Applicant: ..... Date.....

**FOR OFFICE USE ONLY**

Date visitor's pass issued: .....	(Sign): .....	Date valid to:.....
Entered in Access Members Application (Sign): .....	Date.....	
Approved by Committee (Sign): .....	Date.....	
Payment received by (Sign):.....	Date .....	Receipt No: .....
Entered in Access: <b>Paid in Full</b> Member (Sign): .....	Date .....	
Entered in Web (Sign): .....	Date.....	

**PRIVACY STATEMENT**

The personal information that you have provided on this application form will be used by U3A Southern Peninsula only for administrative purposes and will not be divulged to any other organisation unless it is deemed necessary and in your interest in an emergency situation.