



MEMBERSHIP APPLICATION FORM

U3A BRUNSWICK VALLEY INC. RECEIPT NO: _____

1ST NOMINEE: SIGNATURE:

2ND NOMINEE: SIGNATURE:

APPLICANT:

PREFERRED FIRST NAME.....SURNAME.....

STREET ADDRESS.....

POSTAL ADDRESS

POST CODE:PHONE NO:MOBILE:

E-MAIL ADDRESS

EMERGENCY PHONE NO: IN THE EVENT OF ACCIDENT OR ILLNESS AT A CLASS

WHAT HAS BEEN YOUR MAJOR LIFE OCCUPATION?

WHAT ARE YOUR INTERESTS?

I AM INTERESTED IN ATTENDING CLASSES/ACTIVITIES FOR

DO YOU HAVE A HOBBY, INTEREST OR KNOWLEDGE YOU WOULD LIKE TO SHARE WITH OTHERS ?
.....

WOULD YOU CONSIDER STANDING FOR THE COMMITTEE?.....

ORGANIZE - SOCIAL PROGRAMS?

HOSPITALITY? OR ASSIST?

TUTOR A CLASS IN? OR ASSIST?

HOW DID YOU HEAR ABOUT OUR U3A?.....

I hereby apply to become a member of U3A Brunswick Valley Inc. and if admitted agree to abide by the Rules of the Association (a copy of the constitution can be obtained online).

Current Annual Subscription \$25 Single / \$50 Double

Signature Date