



APPLICATION FOR MEMBERSHIP

Annual subscription is \$30.00 per individual per year 1st July-30th June.

Pro rata fee from February to June is \$15.00.

Bank: Bendigo Bank, Account Name: U3A Armadale.

BSB No: 633 000 Account No.: 161628219

Personal details

First Name _____ Surname _____

Address _____

Contact details:

Phone _____ Mobile: _____

Email

(Note: Due to escalating costs, notifications and newsletters will be sent to the provided email address unless the U3A office is instructed otherwise. If you do not have an email address, these may be sent by Australia Post.)

Emergency Contact Details

Name: _____ Relationship: _____

Contact details: _____

Eligibility

You must be at least 50 years of age and no longer working full time to be eligible.

Year of birth: _____

We are not able to provide carers so you must be self -caring and physically self-sufficient.
Are you able to self- care? Yes/No. If no, please arrange a carer to accompany you.

“Self-care is the ability of individuals, families and communities to promote health, prevent disease, and maintain health and to cope with illness and disability with or without the support of a health-care provider” World Health Organization 2013.

Please ensure you complete and sign the Applicant Declaration.

I wish to apply for ordinary membership of U3A Armadale and agree to abide by its rules and Constitution. I understand that my subscription will be refunded if my application is unsuccessful.

Privacy Statement

- I consent to an image of myself being included in any photograph of a U3A activity and for that photograph being used in the Newsletter or any other U3A publication.
Yes No
- I consent to my data being used to communicate with me as U3A member by group leaders for those groups I join and to send me general information about the University of the Third Age. My email address will not be shared publicly.
Yes No

Signature of Applicant _____ Date _____

U3A Armadale - New member Information

U3A Armadale is a self-help organisation and is run by its members for its members. Please consider what contribution you can make. Without your help, our organization cannot continue.

Examples include helping set out chairs and tables and stacking them away at the end of the meeting, helping at the door, assisting in the kitchen with putting out the food and cups and washing up afterwards. You may be willing to make a presentation as a guest speaker or may have skills that could be useful such as IT, teaching, accounting, secretarial or leading a group on a topic of your choice. Continuing to use the skills you used when working can be rewarding to you and the group in your retirement but without the workplace pressure.

To help us to be compliant with the requirements of inclusivity it would be useful to know a little more about yourself.

These questions are all optional but please answer as many as you feel comfortable answering by circling the correct answer:

- Some groups are held in different venues - if you drive, are you able to offer lifts to others if required? Yes No
- Do you have any special requirements, e.g. wheelchair access? Yes No
- Do you have any medical conditions that a group leader might need to know about? Yes No

Administrative use only

Application Check List for _____

Personal details complete Yes / No

Contact details complete Yes / No

Eligibility met Yes / No

Subscription details

Amount paid \$_____ Internet/Cash Receipt number _____

Received by _____ Date received _____

Management Committee decision

Membership confirmed Yes / No

If rejected give reason:

Notification handed to applicant:

Signed by Membership Officer _____ Date _____

Information entered onto register:

Membership Officer _____ Date: _____