



# U3A CAMPBELLTOWN INC.

ABN 47 874 424 693

Supported by the Campbelltown City Council

**Office :** Marchant Community Centre, 338 Gorge Road, Athelstone 5076  
**Postal :** PO Box 359, Campbelltown SA 5074 **Phone :** 08 8337 7940  
**Email :** campbelltownu3asa@bigpond.com  
**Website :** www.u3acampbelltownsa.org.au

**Office Hours :** 9.15 am to 11.15 am on Wednesday and Thursday (not during school vacations).

## REGISTRATION OF MEMBERSHIP

Surname & Title ( <i>Mr/Ms/Dr etc</i> )		
Given names		
Preferred name		Date of Birth: .... / .... / .....
Address ( <i>including Postcode</i> )		
Phone & Mobile numbers ( <i>Please indicate if unlisted/silent.</i> )	Ph.	Mob.
Email address		

**Membership will be granted to a person who has agreed, in writing, to accept the objectives below, abide by the Code of Conduct as it may be amended from time to time and has paid the prescribed registration fee.**

### Aims and Objectives

The purpose of this Association is to advance the intellectual and cultural interests for retirees through

- a) Both mental and physical activity
- b) The satisfaction of making a contribution to society
- c) Discovering new interests and extending their old interests
- d) Working with others to improve the status, well being and position of older people in our community
- e) Sharing with others, the skills, experience and expertise gained during their lifetime
- f) Experiencing the joy of learning

**I agree with the above stated "Aims and Objectives", am over 50 years of age and am not in paid employment for more than 20 hours per week.**

Signature ..... Date .....

**The registration fee of \$ ..... for the current year is included with this application.**

I understand that this entitles me to participate in as many courses as I wish without further cost, other than fees for notes, materials, computer access, transport or admission charges.

Emergency contact Name ..... Relationship ..... Ph/Mobile .....  
 Any allergies etc..... Initial .....

### **New members are invited to complete the following:**

Work skills/qualifications ...	
Hobbies/interests ...	
I am willing to share my knowledge/skills in ...	

### **OFFICE USE ONLY**

REGISTRATION FEE \$ ..... RECEIPT NUMBER ..... REGISTRATION NUMBER .....

ADDITIONAL COURSE FEE \$ ..... RECEIPT NUMBER ..... DATE .... / ..... / .....