U3A CAMPBELLTOWN SOUTH AUSTRALIA INC.

ABN 47 874 424 693
Supported by Campbelltown City Council

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Location & Postal Address: Marchant Community Centre, 338 Gorge Road, Athelstone, SA 5076

Office Hours: 9:15 am to 11:15 am on Wednesdays and Thursdays (not during SA school vacations)

REGISTRATION / RENEWAL OF MEMBERSHIP

Surname & Title ***(Mr/Ms/Dr etc)***			
Given names			
Preferred name		Year of Birth	
Address ***(including Postcode)***			
Phone* & Mobile numbers ****indicate if unlisted/silent***	Ph.	Mob.	
Email address (print clearly please)			

Membership will be granted to a person who has agreed in writing, by signing this registration form, 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, transport, admission and other relevant charges as may occur.

Emergency Contact Name: ..... Relationship: .....,

Phone: ..... Mobile: ..... K K K

Do you have any allergies or significant health issues? .....

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 NO**. .....