

 DAREBIN INC. <small>Reg No. A0028861A</small>	U3A Darebin Inc. - ABN 41 278 577 132 <input type="checkbox"/> Individual <input type="checkbox"/> Joint <input type="checkbox"/> Associate Name: _____ Received: _____ Date: ____ / ____ /09	Member No: 09/ _____ Tax Invoice/Receipt Amount: \$ _____ GST: \$ 0.00
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Application for Membership

Mail applications to: U3A Darebin Inc PO Box 44, Fairfield VIC 3078
 Cheques (or Postal Orders) made payable to U3A Darebin Inc.

BLOCK LETTERS PLEASE

Membership Type: Individual \$30 Joint \$45 Associate \$15

If Associate, name of U3A: _____ Membership No: _____
 (N.B. Where places are limited, preference will be given to full members of U3A Darebin Inc.)

Name: _____ Phone: _____

Address: _____ Postcode: _____

Person to contact in emergency: _____ Phone: _____

Were you a member last Year? Y / N If not, how did you hear about us? _____

To ensure continued funding we require the following personal details:

Date of Birth: ____ / ____ / ____ Country of Birth: _____ Language spoken at home: _____

Aboriginal or Torres Strait Islander? Y / N Employment Category (e.g. Retired): _____

Do you have any special requirements (e.g. need for disabled access)? _____

Second Person (Joint Members only)

Name: _____ Were you a member last Year? Y / N

Date of Birth: ____ / ____ / ____ Country of Birth: _____ Language spoken at home: _____

Aboriginal or Torres Strait Islander? Y / N Employment Category (e.g. Retired): _____

Do you have any special requirements (e.g. need for disabled access)? _____

Class Enrolments *Name required for joint members only

Name*: _____ Name of Class: _____ Start Date: _____

Name: _____ Name of Class: _____ Start Date: _____

Name: _____ Name of Class: _____ Start Date: _____

Name: _____ Name of Class: _____ Start Date: _____

I am willing to volunteer for the task of _____

I am available on _____ (day) between _____ and _____ (times) at a _____ (frequency)
 ...weekly, fortnightly, monthly, casual.

Comments: _____