Roma U3A INC.

P.O. Box 1279, Roma 4455

**Membership Form 2022**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **New Member** |  | **Continuing Member** |

**Title: \_\_\_\_\_\_\_\_\_\_ Surname: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Given Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Badge Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mobile: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**D.O.B.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Would you be interested in becoming a Tutor or Assistant? (Please circle) Yes No

Would you be willing to assist the Committee in any of the following? (Please circle)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Office | Newsletter | Course Ideas | Computers | Hosting | Other |

**Application:** I hereby apply for membership of the **Roma U3A Inc.** and agree to the terms and conditions of the Rules of the Association. **Roma U3A Inc.** members are also members of the ***U3A Network Qld****.* Which provides Insurance cover of $20 million Public and Products Liability Accident Insurance and Association Liability cover up to age 90. Annual Membership from 1st January to 31st December. **Membership fees for 2022: $25 per person.**

Do you give permission for your image to be published in print media or online:  **Yes No**

Please inform if you wish to advise of any disability e.g. hearing, vision, wheelchair, other. We will contact you to discuss how we can help. **Yes No**

Do you require transport to and from classes / sessions? **Yes No**

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_ \_ / \_ \_ / 20 \_ \_

**New Member Nomination:**

Proposed by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Membership No. \_\_\_\_\_\_\_\_\_

Seconded by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Membership No. \_\_\_\_\_\_\_\_\_

If you wish to pay by Direct Debit banking details for U3A Roma are:

**WESTPAC: BSB: 034 211 Account: 250 160 Use your SURNAME as reference.**

***Office Use:*** Receipt No.\_\_\_\_\_\_\_\_\_\_\_\_\_ Membership No.\_\_\_\_\_\_\_\_\_\_\_\_\_ Amount: $