



# Roma U3A INC.



## P.O. Box 1279, Roma 4455

### Membership Form 2023

<input type="checkbox"/>	New Member	<input type="checkbox"/>	Continuing Member
--------------------------	------------	--------------------------	-------------------

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

Given Name: \_\_\_\_\_ Preferred 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 1<sup>st</sup> January to 31<sup>st</sup> December. **Membership fees for 2023: \$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: \$