Roma U3A Inc.

P.O. Box 1279, Roma 4455

Membership Form 2024

	New Member		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 or interested in joining the Committee? Perhaps you may like to be involved in some of the activities? (Please circle)

Catering Crew	Hosting – Co-Hosting a particular Activity	Have some activity or course Ideas	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 w***hich provides Insurance cover of $20 million Public and Products Liability Accident Insurance and Association Liability cover **up to age 90**. Annual Membership is from 1st January to 31st December. **Membership fees for 2024: $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**

Please see over page ⟹

EMERGENCY CONTACT DETAILS

Please list the details of two people to be contacted in the event of an emergency:

PRIMARY EMERGENCY CONTACT

Name: _____

Home Address: _____

Relationship: _____

Home Phone Number: _____ Mobile Phone: _____

SECONDARY EMERGENCY CONTACT

Name: _____

Home Address: _____

Relationship: _____

Home Phone Number: _____ Mobile Phone: _____

MEDICAL CONTACTS

Please provide details of the physician or health care provider that you would like us to contact in the event of an emergency:

Name: _____

Address: _____

Town: _____ State: _____ Post Code: _____

Phone Number: _____

Signed: _____Date: _ _ / _ _ / 2024

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: $