

APPLICATION FOR MEMBERSHIP OF BAYSIDE U3A INC

PERSONAL DETAILS:

Membership No.		
First Name	Last Name	
Street Address		
Suburb	State	Postcode
Email		
Home Phone No:	Mobile No:	
Year Born: <i>For statistical purposes</i>	Gender:	M F <i>Please circle</i>
Emergency Contact Name <i>Required in case of emergency</i>		
Emergency Contact Phone No:		

I desire to become a Member of Bayside U3A Inc. In the event of my admission as a member, I agree to be bound by the rules and by-laws of the Association for the time being in force.

I understand that Bayside U3A Inc has a duty of care to provide a safe environment for its members and volunteers, however, I acknowledge that all activities are undertaken at my own risk.

I also understand that Bayside U3A Inc collects personal information from members to enable efficient delivery of service to members. The information collected is managed solely by Bayside U3A Inc and will only be used for effective service provision, organisational, emergency, insurance and grant submission purposes. The Privacy Policy statement is on display in the office and in the By Laws.

Signature of Applicant:	Date:
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HOW DID YOU HEAR ABOUT US? *Please tick the appropriate box*

Word of Mouth

Website/Media

Brochure

Newspaper/Magazine

Other *(Please indicate)*

Bayside U3A Inc is totally reliant upon volunteers. As well as your own studies, can you share your lifetime of skills and abilities, to help the organisation?

TUTORING INTERESTS: *Please complete*

Are you interested in becoming a Course Leader or Tutor?	Yes	No <i>(Please tick)</i>
What fields, interests, skills or experience can you pass on to others?		

SKILLS & ABILITIES: *Please complete*

Languages spoken other than English:
Current/Previous Occupation:
Special Interests, Hobbies & Passions:

STUDYING INTERESTS: *Please complete*

What's not on the current list? What do you suggest for future Bayside U3A courses?

VOLUNTEERING INTERESTS: *Please indicate how you might help Bayside U3A?*

Committee or Sub Committee member

Office Duties *Please circle preferred day(s) and time(s)*

	MON	TUES	WED	THURS	FRI
Beaumaris Office	AM / PM	AM / PM	AM / PM	AM / PM	AM / PM
Brighton Office	AM	AM	AM	AM	AM

Assisting the Course Co-ordinator

Marketing and promotion, publicity and brochure distribution

Catering for social events – preparing food, serving, clearing away, preparing room

Computer & Technical support

FEE STRUCTURE 1st January to 31st December 2023: *Please complete*

Annual Membership (includes GST):	Full	\$50.00
<i>If a financial member of another U3A please list.</i> _____	Associate	\$30.00

PAYMENT METHODS:

By cheque

Please enter amount paid: _____

By PAYPAL

By direct bank deposit:

A/C Name: Bayside U3A Inc
BSB No: 633-000
A/C No: 147195721

Please quote your name in the transaction.

Office Use Only:	ID No:	Date Joined:	Receipt No:
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Postal Address:
Bayside U3A Inc
PO Box 7269
BEAUMARIS VIC 3191

Offices:
Beaumaris Seniors' Centre
84 Reserve Road
BEAUMARIS VIC 3193

Brighton Courthouse
75 Carpenter Street
BRIGHTON VIC 3186

Phone: 9589 3798
Email: baysideu3a@gmail.com
Web: baysideu3a.org