University of the Third Age Hawkesbury Inc.
PO Box 120 Richmond NSW 2753 (4578 2333)
ABN 65882441350
Email: u3ahwkby@norwestit.com.au
Webpage: u3ahawkesbury.org.au

MEMBERSHIP FORM ï 2022 RENEWAL ☐ NEW MEMBER ☐

Name		**Member Number**	
Address		**Postcode:**	
Telephone		**Mobile**	
Email address			
Emergency contact & phone			

How do you wish to receive your Newsletter and Class Calendar? *Please choose*:

☐ **Email** ☐ **Collect from Office** ☐ **Postage** (Costs $5 extra)

Membership Type and Fees: Please choose:

☐ **$25.00** Single ☐ **$40.00** Joint membership ☐ **Plus $5 Postage** (if required)

☐ Associate Member (No fee - Tutor only) ☐ Life Member

Note: Membership is due on January 1st each year. Membership fees paid after 30 September will take your membership through to the following year without further fees.

Method of Payment: Please choose. Note that there is no provision for credit card payments

☐ **Pay in person at the Office, at:**
Hawkesbury Skills, Bosworth St, Richmond
Monday: 9.30am to 12 noon
Wednesday: 10am to 12 noon
Friday: 10am to 12 noon

☐ **Pay by cheque or money order**
Posted to PO Box 120 Richmond 2753

☐ **Pay by Bank Transfer**
Arrange a transfer to the following account:
Account Name **U3A Hawkesbury Inc.**
BSB **062595**
Account number **10338864**
To enable identification of your payment, add your First Initial and Surname in the Reference field.

Note: You will need to deliver, post or email this form to the office, along with your completed class enrolment form.

Please list any topics/subjects for which you would be prepared to act as course leader	
Are you able to help with occasional office duty?	

If you are you able to assist members who may require transport, please notify your Tutor

Please tick relevant box:

☐ **YES** I am enrolling in a class or classes and **my Class Enrolment Form is attached.**

☐ **NO** I do not intend to enrol in a class at this time.

I hereby apply to join/renew my membership of U3A Hawkesbury Incorporated and agree to be bound by the rules of this association.

Signature:		**Date:**	

OFFICE USE ONLY:

Double Vax Evidence: ☐ Date: é é é é é é é .. Sighted by: é é é é é é é é é é é é é é

Membership Card é . Dateé é é é é é Computer Recordé é é é é é Email Record: é é é é é .