

Application Form *[Full Membership]*

Coffs Harbour U3A Inc. PO Box 1596 COFFS HARBOUR 2450

Website: www.coffs.u3anet.org.au Email: info@coffs.u3anet.org.au

Title Sex Male Female Member Number (if renewing) _____

Given Name

Family Name

Badge Name *Only enter name if you want to be addressed by other than your Given Name. Do not enter Family Name.*

Address

City/Suburb

Post Code NSW

Date of Birth D: M: Y: Voluntary

Phone Numbers

Email

In the event of illness, please notify:

Name Phone#

Please advise any medical condition for emergencies

I apply to become/remain a member and I agree to abide by the Constitution & any Terms and Conditions or Policies of U3A CoffsHarbour.

Signature Please Date