

UNIVERSITY OF THE THIRD AGE SOUTHERN PENINSULA INC.



Reg. No. AOOI9318T

359a Point Nepean Road,
Dromana P.O Box 396, Dromana Vic, 3936
www.u3asp.mornington-peninsula.org
(03) 5981 8777

MEMBERSHIP APPLICATION FORM

SURNAME.....PREFERRED NAME.....Mr Mrs Ms

POSTAL ADDRESS.....

POSTCODE.....TELEPHONE.....EMAIL.....

DOB (optional) RETIRED / SEMI RETIRED(*please circle*)

PREVIOUS OCCUPATIONS
(optional).....

.....
.....

ACTIVITIES/COURSES FOR WHICH I MAYBE INTERESTED IN (*please list in order of preference*)

Note: - Please contact the tutors to enrol in classes.

1 4

2 5

3 6.....

Also, please indicate other subjects you would like to study if tutors can be found.

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.....

ACTIVITIES/COURSES IN WHICH I WOULD BE PREPARED TO TUTOR OR LEAD

1 3

2 4

Please note any aspect of your former occupation/s or any special interests which could be shared with other members of U3ASP.

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Costs can be kept to a minimum by members giving a little time to assist with the day-to-day running of U3ASP either on a regular basis or occasionally. Please think carefully to see if you can help.

(a) I would be willing to work from 9:30am to 1 pm once every month to help out in the office. Please circle your preference.

DAY Tuesday Thursday
WEEK OF MONTH First Second Third Fourth Fifth

(b) I could help the committee on an occasional basis with:

Social Functions/ Publicity/ Other:

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HOW DID YOU HEAR ABOUT U3ASP

APPLICATION

I(Full Name)

of(Residential Address)

desire to become a member of University if the Third Age Southern Peninsula Inc. In the event of my admission as a Member, I agree to be bound by the Rules of the Association for the time being in force.

I understand that I am the person who is fully responsible for the state of my health and I undertake to do all that is reasonable not to place other members in danger.

I hereby declare that I will only participate in those courses/activities that, to the best of my knowledge, I am physically able to undertake

Signature of Applicant : Date.....

FOR OFFICE USE ONLY	
Date visitors pass issued	Valid to.....
Computer: Members/Applications	CopyDate.....
Approved by Committee	Date.....
Payment received by.....	DateReceipt No
Computer: Members/Labels files updated by	Date
Entered in Web.....	Date.....

PRIVACY STATEMENT

The personal information that you have provided on this application form will be used by U3A Southern Peninsula only for administrative purposes and will not be divulged to any other organisation unless it is deemed necessary and in your interest in an emergency situation.