





MEMBERSHIP APPLICATION & ENROLMENT

| | | | EN | ROLME | ENTS O | PEN ON | WED | NESD | AY 3 rd JANU | JAR | <mark>/ 202</mark> 4 | 1 | | | | |
|--|------|--------|----|---------|-----------------------------|----------|-----------|-------|-------------------------|------|----------------------|-------|--------|------|----|---|
| Member Num | ber | | | | | | | | | | | | | | | |
| Family Name | | | | | | Given Na | ame | | | | | | Title | | | |
| Address | | | | | | | | | | | | | Post C | Code | | |
| Phone | (Lan | dline) | | | | | | Phone | e (Mobile) | | | | | | | |
| Email | | | | | | | | | | Υ | ear of | Birth | | | | |
| Emergency Contact Name | | | | | | | | | P | hone | | | | | | |
| CLASSES refer to the Program Timetable for 2024 before listing your class preferences | | | | | | | | | | | | | | | | |
| DAY | | CODE | | CLASS A | AM | | | | CODE | CL | ASS PIV | 1 | | | | |
| MONDAY | | | | | | | | | | | | | | | | |
| TUESDAY | | | | | | | | | | | | | | | | |
| WEDNESDAY | | | | | | | | | | | | | | | | |
| THURSDAY | | | | | | | | | | | | | | | | |
| FRIDAY | | | | | | | | | | | | | | | | |
| SATURDAY | | | | | | | | | | | | | | | | |
| SUNDAY | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | Che | eque | Cash | В/ | D |
| Full Annual Membership | | | | Jan | January to December 2024 | | | \$ | 60.00 | | | | | | | |
| Half Yearly Membership | | | | July | July to December 2024 | | | \$ | 30.00 | | | | | | | |
| Class Assist Annual Membership. | | | | Jan | uary t | o Dece | mber 2024 | \$ | 30.00 | - | | | | | | |
| Associate Full Annual Membership | | | | Jan | January to December 2024 \$ | | | 30.00 | | | | | | | | |
| Name of other U3A_ | | | | | Receipt No . | | | | | | | | | | | |
| Membership fee exemption – Life Members, Honorary, Tutors & Committee only | | | | | | | | | | | | | | | | |
| Please return, in person, this membership application & enrolment form together with your payment ASAP to: CaseyU3A Office: 19 Beldale Crt. Berwick | | | | | | | | | | | | | | | | |
| OR Post to - Membership Officer – CaseyU3A Box 177/57 Gloucester Ave., Berwick Vic. 3806 | | | | | | | | | | | | | | | | |
| Applicants Signature: | | | | | Date: | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |



2024

YOU CAN HELP

Casey U3A would not exist if it were not for volunteers

We ask you to share your skills and knowledge. Please tell us about your:

| Occupation prior to retirement | |
|--------------------------------|--|
| Skills | |
| Interests | |
| Language at home | |
| Country of Origin | |
| How did you find out about U3A | |

and indicate the areas in which you can offer assistance

| Tutor or Class Leader—Subject | Yes | No |
|-------------------------------|-----|----|
| Committee | Yes | No |
| Office | Yes | No |
| Computing | Yes | No |
| Development - Publicity | Yes | No |
| Social Group | Yes | No |
| Other | Yes | No |

A committee member will contact you to discuss how you can help

CaseyU3A Inc. Insurance Statement

CaseyU3A Inc. is insured with VMIA established by the Victorian State Government. However, only Committee Members, Tutors, Class Assist, & Volunteers are covered for Personal Accident whilst in the pursuit of their authorized duties and under the control of CaseyU3A Inc. The cover does NOT apply to ordinary members.

Members should ensure that their state of health is appropriate for any class or activity that they undertake.

Please refer to the CaseyU3A website - https://u3acasey.org.au/ for important information related to the CaseyU3A constitution, insurance, policies and other issues

CaseyU3A Inc. 180/57 Gloucester Ave Berwick, Victoria, 3806 ABN: 58 503 638 181

Incorporation number: 0024472D

Telephone: 0493 280 458

Email: u3acaseyoffice@gmail.com Website: https://u3acasey.org.au/ Bank Details
Bendigo Bank

BSB: 633-000

Account: 1840-27175

| Office: Paid: Y/N | Method: | Date: | Recei | pt: |
|-------------------|---------|-------|-------|-----|
| | | | | |