



## BANYULE UNIVERSITY OF THE THIRD AGE

## U3A Banyule Inc A0013622D

ABN 76 751 606 570

Office: Upper Ground Floor, 275 Upper Heidelberg Rd, Ivanhoe

Ivanhoe Library and Cultural Hub (ILCH)

Mail: PO Box 454, Rosanna, Victoria, 3084

Mail: PO Box 454, Rosanna, Victoria, 3084Phone: 0418 749 228Website: u3abanyule.org.auEmail: info@u3abanyule.org.au

## **U3A BANYULE MEMBERSHIP APPLICATION**

(Note membership application is also available online, www.u3abanyule.org.au)

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Type of Membership	: Full Year Membersh	· Ш	•	
			I member of	_ U3A
	(attach a copy of yo	ur membersh	nip receipt for this U3A)	
payment has been	received/processed, yo	ou can enrol a	by the Committee of Mana and attend classes and active on as possible and a refund	vities. If your
Note: if marked with	asterisk* information	must be su	pplied.	
Title *Give	en Name	*F	amily Name	
*Address		_		
*Suburb		Postc	ode	
*Year of Birth	Cou	intry of Orig	in	
*Phone Numbers: Ho	me	Mobi	le	
*Email (enter 'No' if no	o email)			
* <b>Gender:</b> Female	Male	Other	Prefer not to say	
Occupation (prior to	retirement)			
Skills				
How did you find out	about U3A Banyule?	•		

U3A relies on volunteers to provide all our courses, classes, office and most catering for events. If you would like to volunteer for committee, a support role, class leader/rep, office, tutor, 'on-call' or catering please fill out a U3A '**Application to Volunteer'** form and lodge in the office or email to **info@u3abanyule.org.au** 

Members must wear their lanyards, with all p emergency contact details below) to all class	
*In the event of an emergency at U3A clas	s or event, please notify:
*Name	<del></del>
Relationship to member	Phone
*Name	
Relationship to member	Phone
Banyule and to abide by its Constitution	Banyule, I agree to support the purposes of U3A n, Terms and Conditions of Membership, Code of s (available from the website).
SIGNATURE:	DATE:/
that U3A Banyule will apply when collecting, a limages: Member's image/s may be used in the recordings, subject to their consent. Members opt out by indicating this at the time their image.	PO Box 454, Rosanna VIC 3084 or email to -
OFFICE USE ONLY –	
Cash   Cheque   Bank trans	sfer □ (attach EFT receipt)
Amount Received \$	
Receipt No:	Issued://
Entered in to MW by	Membership Number
Welcome Pack to be given to memb	er if no email address.
If there is an email address only pro	vide the lanyard and name card.
Version: September 2025	