



*Spread Your Wings!*

# U3A Central Coast (NSW) Inc.

The Membership Secretary  
U3A Central Coast (NSW) Inc  
PO Box 1239  
GOSFORD NSW 2250

## Application for Membership

PLEASE PRINT CLEARLY

\*\* Mandatory

Mr Mrs Ms Miss Dr \*\*

Given Name \_\_\_\_\_ Family name \_\_\_\_\_

Address \*\* \_\_\_\_\_

Preferred Phone\*\* \_\_\_\_\_ Other \_\_\_\_\_

Email \_\_\_\_\_

In the event of illness, please notify:

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Would you consider being a volunteer?      Yes      No      (Circle)  
On call    Committee    Catering    Data Entry    Leader    Office    Tutor

\*\*Where did you hear about U3A Central Coast? \_\_\_\_\_

I hereby apply to become a member of U3A Central Coast (NSW) Inc. and agree to abide by the Constitution of the Association (copy available on request from the Secretary or on website).

Membership will not be granted until the completed application form and payment have been received.

Annual membership - **\$50.00** (membership runs from 1st December to 30th November)

I have paid by EFT  or enclosed a cheque  or money order .

**EFT is the preferred method of payment** Please include as much of your last name and first name as possible in the reference

**EFT payment details:**      Bank Name:      Community First Credit Union  
BSB:      **512-170**  
Account No:      **001147636**  
Account Name:      U3A Central Coast (NSW) Inc

Cheques/Money Orders to be made payable to "U3A Central Coast (NSW) Inc". Please write your name on the back of the cheque/MO.

Signature \_\_\_\_\_ Date \_\_\_\_\_



Phone: 0408 704 701  
Email: [u3a@centralcoast.u3anet.org.au](mailto:u3a@centralcoast.u3anet.org.au)  
Website: [www.centralcoast.u3anet.org.au](http://www.centralcoast.u3anet.org.au)

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