

**Bacchus Marsh U3A - MEMBERSHIP FORM****For New & Renewing Members**

***All information collected by the Bacchus Marsh U3A is kept in the strictest confidence, in accordance with our privacy statement and with information privacy law.

| | | | |
|---|--|--|-------------|
| Surname | | Title | |
| First Name | | Name you like to be called | |
| Street Address | | | |
| Town / Suburb | | Postcode | |
| Postal Address | | Postcode | |
| Home Phone | | Mobile Phone | |
| Work Phone | | Date of Birth (<i>required</i>) | |
| Email address | | | |
| Are you Covid 19 fully vaccinated? | | Vaccination Certificate viewed by: | |
| Emergency Contact Name | | | |
| Emergency Contact Phone | | In a medical emergency we will call 000 and ring your emergency contact. | |
| Which course/s would you like to attend? | | | |
| Could you lead a course or activity? | | How did you hear about our U3A? | |
| Agreement | | | |
| I am aware that Bacchus Marsh U3A does not maintain personal accident insurance cover for members engaging in its activities and that it is my responsibility to make my own arrangements for insurance cover where required. | | | |
| In case of medical emergency, I authorize Bacchus Marsh Committee members or course leaders to seek medical assistance, including calling an ambulance on my behalf. I have decided to join Bacchus Marsh U3A and accept that by signing this form, I take responsibility for my own insurance. | | | |
| I agree to abide by the rules of Bacchus Marsh U3A. | | | |
| Signature | | | Date |

The membership fee remains at \$30 for the year, \$15 for a half year, \$15 for associate member

Mail your cheque & form to: Treasurer, Bacchus Marsh U3A, PO Box 1074, Bacchus Marsh 3340

Bank Transfer or Pay Cash to: Commonwealth Bank **BSB: 063543 Account: 10284502**, remember to put your name in the description field at the bank, then mail this completed form to the Treasurer.

Office use only:

| | | | | | |
|---------------------|--|------------------------|--|--------------|--|
| Amount paid: | | Receipt Number: | | Date: | |
|---------------------|--|------------------------|--|--------------|--|