



ENROLMENT FORM

SURNAME Year of Birth

OTHER NAMES

POSTAL ADDRESS

.....

RESIDENTIAL ADDRESS if different from above

.....

Telephone No

E-mail.....

State courses/activities you wish to attend

.....

I understand that the above details will be recorded in U3A Gawler Branch Inc records for communication purposes. My contact details will not be divulged to others without my prior consent.

*(Please tick the box below if you do **not** wish your name/photograph to be published)*

I do not wish my name and/or photograph to be published and I will step out of photo shoots taken at any U3A activities.

Signed Date

Note: annual membership fee for the calendar year 2015 is \$25 full year, \$15 for last two terms or less and is non-refundable. (An extra fee may be charged for some activities to cover additional expenses).

Please send completed form together with membership fee to:

**The Treasurer
U3A Gawler Branch Inc
PO Box 1581
GAWLER SA 5118**