

MEMBERSHIP APPLICATION FORM

Preferred Title (Mr, Mrs Ms, Dr etc.)						
Name (First and	ame (First and Sumame)					
Address						
Phone: (Home	e)	N	/lobile:			
Email:						
Emergency Co	ontact: Name			. Phone		
our Main Interests:						
How did you hear about U3A Tamaki Drive?						
Signed: Date:						
	NS: The current Annual subscriar. From August, the subscriptio			newable at the beginning of		
Subs can be pa	id by two methods:					
1.	 Internet banking into our U3A Tamaki Drive account: 12-3027-0449506-00 (Preferred method) (please be sure to add your first and last names in the particulars and code fields so the payment can be identified). 					
2.	Cash at a monthly meeting.					
Please hand this completed Application Form in to the welcome desk at a general monthly meeting, or return by email so your name and contact details can be added to the membership list.						
For further ass						
	r assistance contact the Treasurer or Membership Secretary. tamakidriveu3a@gmail.com					
For Administration purposes:		Date application	received:			
		Added to Databa	se:			
		Name Badge:				