



U3A Port Fairy, Box 136, Port Fairy, VIC 3284  
 Or : c/- Port Fairy Community House  
 Email: [U3APortFairy@gmail.com](mailto:U3APortFairy@gmail.com)  
 Website: <https://u3aportfairy.com/>

*Supported by Port Fairy Community House  
and U3A Network Victoria*

# **U3A MEMBERSHIP APPLICATION FORM 2020**

I would like to apply/reapply for membership of U3A Port Fairy accepting that the information provided in this form may be used by the Organisation, for the Organisation only, in accordance with State and Commonwealth Privacy Legislation. I agree to be bound by the rules of the Organisation.

**PLEASE PRINT CLEARLY AND ANSWER ALL QUESTIONS**

First name..... Last name .....

Street Address.....

Postal address..... Postcode.....

Phone (Home..... (Mobile) .....

Email.....

Age Group: (*Please circle*)    45-50    50-59    60-69    70-79    80-89    90 +

Emergency contact (in case of accident or illness) .....

.....Phone .....

Do you require special assistance or consideration to attend courses?.....

Do you have a skill/interest which you would like to present/share as a U3A course/activity? .....

If you **do not consent** to having your photograph used by U3A Port Fairy for publicity purposes please tick here:

**Please tick below OPTION 1 or OPTION 2 regarding payment of the ANNUAL MEMBERSHIP FEE of \$60\*** which includes membership of Port Fairy Community House

<input type="checkbox"/> OPTION 1	Send the membership form to the address above and payment to be made to Commonwealth Bank BSB: 063734 Account No: 10095913 <ul style="list-style-type: none"> <li>• By online transfer clearly stating your full name and citing U3A in the subject , <b>OR</b></li> <li>• With CASH/CHEQUE over the counter of any Commonwealth Bank.</li> </ul>
<input type="checkbox"/> OPTION 2	Send the completed form together with your cheque to: The Secretary, U3A Port Fairy, PO Box 136, Port Fairy Vic 3284 or drop the form and cheque (no cash) in to the PF Community House.

Signature..... Date.....

*\*Special financial circumstances considered*

**PLEASE TURN TO PAGE 2 AND COMPLETE TO ENSURE COMPLIANCE with Port Fairy Community House membership and insurance.**



**PARTNERSHIP AND CO-MEMBERSHIP --- 2020  
U3A PORT FAIRY & PORT FAIRY COMMUNITY HOUSE (PGCG Inc)**

In addition to being a member of U3A PORT FAIRY, I agree to become a member of the Port Fairy Community Group Incorporated (Port Fairy Community House) and agree to be bound by the Rules and Articles of Association, and authorise my name to be placed in the Register of Members.

Member's Signature \_\_\_\_\_ Date \_\_\_\_\_

Member's First name: \_\_\_\_\_ Last name: \_\_\_\_\_

Please tick this box if you **DO NOT WISH** to receive emails on Port Fairy Community House activities

**PRIVACY DISCLAIMER**

The collection of details is primarily to register you as a member of both U3A Port Fairy and Port Fairy Community House (PFCG Inc). This information will be stored in the PFCG database. ***We collect personal information in order to maintain contact with you, to invite you to our events and to provide you with information about programs and services.*** This information is shared between PFCG and U3A Port Fairy only. We do not share your information with any external individual or group without your written permission.

**Internal use only -- To be completed by U3A PORT FAIRY and PFCG Inc**

As an authorised representative of the Port Fairy Community Group Inc., I hereby acknowledge and accept this membership application. A signed copy of this application is available to the member of the Association on request.

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

**ADMIN PFCG INC:**

Receipt Number: \_\_\_\_\_ Date entered in QB: \_\_\_\_\_ Initials - entered by: \_\_\_\_\_