

## 2021 Membership

As a member of **U3A Port Fairy** you are entitled to enrol in courses throughout the year. Your membership fee covers the cost of courses. Small extra charges for materials and trips may sometimes apply. Your 2021 membership fee also covers membership of Port Fairy Community House.

Membership is per calendar year and must be renewed each year.

### Membership Types

Type	Description	Fee *
Full	One person per year	\$60.00
Associate	For members of other U3As enrolling in U3A Port Fairy course	\$30.00
<b>Special 2021</b>	<b>Special discount only for 2020 members enrolling 2021</b>	<b>\$40.00</b>

## How to join or renew your membership

### Joining or renewing by form

**Download a PDF membership application form from our website .**

The completed form can be:

- Emailed to [u3aportfairy@gmail.com](mailto:u3aportfairy@gmail.com) or
- Mailed to us at:  
U3A PORT FAIRY, PO Box 136, Port Fairy VIC 3284

### Payment methods

We accept payments:

- By cheque made out to U3A PORT FAIRY., and mailed to:  
U3A PORT FAIRY, PO Box 136, Port Fairy VIC 3284 or
- By EFT/bank deposit

#### ***Bank details for EFT/bank deposit:***

**Bank:** Commonwealth Bank

**BSB:** 063734

**Account Number:** 10095913

**Account Name:** U3A Port Fairy.

**Reference:** *Please use your full name as reference*



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*



# 2021 MEMBERSHIP APPLICATION FORM

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 in Years: 45-50    51-55    56-60    61-65    66-70    71-75    76-80    81-85    86-90    90+  
*(Please circle)*

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 share as a U3A course/activity? .....

**Please indicate how Payment is made :**

- By Cheque attached to form**
- By EFT/Bank Deposit to U3A PORT FAIRY, BSB: 063734 ACCOUNT: 10095913 clearly stating your full name and citing U3A in the subject line.**

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

**This page is a requirement to ensure compliance with Port Fairy Community House membership and insurance**



**CO-MEMBERSHIP --- 2021  
U3A PORT FAIRY & PORT FAIRY COMMUNITY HOUSE (PFCG 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: \_\_\_\_\_

***PLEASE ensure you complete the 2 PAGES of this FORM***