

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
Special 2021	Special discount only for 2020 members enrolling 2021	\$40.00

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 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*

**Special financial circumstances may be considered*

PLEASE COMPLETE THE ATTACHED 2 PAGE FORM



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

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

U3A 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.....

PLEASE ensure you complete the 2 PAGES of this FORM

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



**PARTNERSHIP AND 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