

ENROLMENT FORM – Semester 2, 2020

Title	Last Name	First Name	
Address		Town	Postcode
Home Phone		Mobile	
Email (print clearly).			
Age group (please circle) 45, 46-50, 51-55, 56-60, 61-65, 66-70, 71-75, 76-80, 81-85, 86-90, 91+			

What year did you first join U3A?

<p><i>Please circle your preference:</i></p> <p>I agree / do not agree to my contact details being made available to bona fide members of U3A Wangaratta.</p> <p>I agree / do not agree to my photograph being posted on the U3A Wangaratta web site without my name.</p> <p>Signature:</p>

Preferred Payment Method

Half year fee = \$25

Account U3A Wangaratta Inc

BSB 633 000

Account 170033773

Please include your name in the reference field

Or visit Bendigo Bank and complete a deposit form ensuring that your name is on the slip.

If you have issues with banking a payment, please contact the Secretary on **0412 944 664**