



U3A Vall del Pop



MEMBERSHIP APPLICATION FORM

NB: Membership is restricted to individuals who are not in full-time employment

PLEASE COMPLETE THIS FORM USING BLOCK CAPITALS

NAME:

ADDRESS:

TEL:

MOB:

EMAIL ADDRESS (or one for a contact if you do not have one of your own)

ONE LETTER/NUMBER PER BOX – PLEASE WRITE CLEARLY IN BLOCK CAPITALS AND DISTINGUISH BETWEEN EASILY CONFUSED LETTERS/NUMBERS SUCH AS 'O' AND 'ZERO', '1' AND '7', '5' AND 'S'

MY MAIN INTERESTS ARE:

I WOULD BE INTERESTED IN LEADING A GROUP IN:

Responsibilities of Membership

- 1) Changes to the details shown above should be advised to memsec@u3avalldelpop.com
- 2) I understand that my renewal fee is due on 1st January each year.
- 3) I agree to the above information being held on a computer database for the sole use of U3A Vall del Pop.
- 4) I understand that I participate in activities at my own risk and with my own insurance cover, and that neither the U3A Committee nor the Group Leaders are responsible for any injuries, mishaps or losses that may occur.
- 5) I agree to comply with the Terms & Conditions of Membership as set out in the Constitution.

I agree to the Responsibilities as set out above and apply to become a member of the U3A Vall del Pop.

Signed:

Date:

FOR OFFICIAL USE: Amount paid:

Membership number: