Web address: ABN 87 498 511 930





2024 NEW MEMBERSHIP APPLICATION FORM

About you	Optional	
First Name	Male□ Female□ Other□	
Surname		
Street Address		Post Code
Postal Address (if different from above)		
Contact number		
Please print clearly		
Email address		
How did you find out about us?		
Member □ online □ radio □ banner □ other (ple	ase specify)	
What skills are you interested in learning?		
what skins are you interested in learning:		
What skills would you be willing to teach to othe	ers?	
,		
Can you volunteer in the office yes	□ no □ ask me later □	
☐ I hereby apply to become a member of U3A To		endar vear.
,,		,
☐ I agree to be bound by the rules of the organis	sation.	
, ,		
SignatureDate _		
Name have been as the entire time to \$40 for the province of 4	15 Lancardo 245 Danas han 202	14
Membership subscription is \$40 for the period 1	.3 January to 313 December 202	24
U3A banking details: - BSB 064-823 (CBA) Account number 10553473		
Account name: U3A Townsville Inc. (use your in	nitial & surname as the reference	<u>e)</u>
Please return completed form to:- The Treasurer	r, P.O. Box 374, Aitkenvale, 4814	QLD. Payment in cash
can be made at the Vincent office address.		
Please indicate your nayment method		
Please indicate your payment method	:-!	
\square cash \square cheque \square bank deposit (use your initi	ial & surname as the reference)	
About us		
Office Hours: Monday 9:00 am – 10.30 am Tuesc	dav– Fridav: 9:00 am – 12 00 noc	nn
2 Todis. Monday 5.00 din 10.00 din 100.00	24,aa,. 5.05 am 12.00 noc	•••
Address: Church of Christ Centre, Unit D4 Corner	r Palmerston St and Ronan St. Vi	ncent Qld 4814
		• -
Telephone:(07) 4724 3530 Email address: adn	min@u3atownsville.com	