



**MEMBERSHIP FORM 2022**

I would like to apply for membership of U3A Corangamite Inc. 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\*. In the event of my admission as a member, I agree to be bound by the rules of the organisation for the time they are in force.

*Membership of U3A Corangamite is provided under the terms and conditions that a member not attend any U3A Corangamite face-to-face activity unless they are fully vaccinated against Covid19 as defined by the Governments of Australia (unless you have proof of a medical exemption).*

**Annual Subscription fee: \$20** Please note: there will be no refund or receipt given unless requested

**PLEASE PRINT CLEARLY AND ANSWER ALL QUESTIONS**

Surname: ..... First name: .....

Postal address: ..... Post code .....

Phone: ..... Mobile: .....

Email: .....

Age: 50-55 56-60 61-65 66-70 71-75 76-80 81-85 86-90 90 plus (*Please circle*)

Emergency contact: ..... Contact no: .....

I consent to having my photograph used by U3A Corangamite for publicity purposes.  
**YES or NO (*Please circle*)**

How did you hear about us? .....

Skills/interests you could share with others: .....

Type of program/activity preferences: .....

Special needs: .....

**Please read and agree to the following terms**

- I understand that I am responsible for my own behaviour. I will adhere to the U3A risk management policy \*
- I will carry an up-to-date U3A Medical Card while attending any authorised U3A activity. It will only be accessed in case of accident or illness. In the case of accident or illness which leaves me unable to communicate I authorise the Course Leader to provide any necessary information to attending medical personnel and advise my contact person of my condition.
- I understand that U3A's insurance policy DOES NOT cover general members of U3A. In the event of accident, general members must use their own medical insurance. If someone else (e.g. a U3A or owner of the premises) is legally liable for the injury, public liability insurance may be activated

Signature of applicant: ..... Date: ..... / ..... / .....

*\* Details of these policies can be found at [www.u3avictoria.com.au/members/policy\\_guidelines](http://www.u3avictoria.com.au/members/policy_guidelines) or by asking the Secretary, U3A Corangamite*

**TO JOIN/RENEW - Send cheque/money order with the attached form to:**

**The Treasurer, U3A Corangamite, PO Box 55 COBDEN 3266 OR**

Send the **completed membership form ALONG WITH PROOF OF FULL VACCINATION** to the address above and pay via direct debit to:

**U3A CORANGAMITE INC. BSB: 633-000 ACCOUNT: 155369044 clearly stating your full name and citing U3A in the subject line or e-mail to [u3acorangamite@gmail.com](mailto:u3acorangamite@gmail.com)**