U3A Vall del Pop

Membership Application Form

Please PRINT clearly the following information

Name: _____

Address: _____

_____

Town: _____ **Post Code**: _____

Phone: _____ **Mobile**: _____

Email:

One letter per box please.

My main interests are: _____

_____

I would be interested in leading a group in the following:

_____

I understand that I participate in any U3A Vall del Pop organised activity at my own insurance risk. My membership fee is due on 1st January each year. I agree to comply with all the terms and conditions of membership.

Signed: _____ Date: _____

Paid (Treasurer) _____

Membership Number allocated: _____

Welcome email sent _____ Card produced _____