

Membership Number:

# U3A Vall del Pop

## Membership Renewal Form

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Please PRINT clearly the following information

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Email Address:


**One CAPITAL letter per box please.**

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

Signed .....