

# Membership Application

One form per person

PLEASE PRINT CLEARLY IN CAPITALS



Learning for Pleasure

|                                    |                                       |                         |
|------------------------------------|---------------------------------------|-------------------------|
| Date:                              | Were you a member last year? YES / NO | <b>U3A Use Only -NR</b> |
| NAME:                              | SURNAME                               | MALE / FEMALE           |
| TELE NR: (Fixed or mobile)         |                                       |                         |
| EMAIL ADDRESS (print in uppercase) |                                       |                         |

Membership is from October to May full year or January to May half year. Note: Payment of fee does not necessarily guarantee you a place on the course of your choice.

Please let us know if you are willing to get involved in any of the following areas:

|                                      |  |
|--------------------------------------|--|
| Committee Member (2 year commitment) |  |
| Group Leader for a new course        |  |
| Give a one off Lecture/Talk          |  |

To help us establish the best methods of publicity, please tell us how you found out about us:

|                             |         |                             |          |       |
|-----------------------------|---------|-----------------------------|----------|-------|
| Newspaper                   | Website | Referral by Existing Member | Internet | Other |
| Suggestion for New Activity |         |                             |          |       |

**Liability Disclaimer:** I hereby acknowledge that my participation in the Association Learning for Pleasure is undertaken at my own risk and that neither the Association nor the Group Leaders are responsible for any injuries, mishaps or losses however and whenever occasioned.

|                                |
|--------------------------------|
| Signature of Applicant         |
| Signed on behalf of applicant: |
| Name:                          |

## U3A USE ONLY

|                               |                                     |
|-------------------------------|-------------------------------------|
| Application form passed by    | Group Leader/Committee Member name: |
| Money received: €30.00 €20.00 | Passed to:                          |