



U3A Enrolment Form

PERSONAL DETAILS *(please print)*

Full Name:

Preferred Name: Date of Birth: / /

Email Address:

Home Address:

Suburb: State: P/Code:

Home Phone: Mob:

EMERGENCY CONTACT

Full Name:

Relationship to you: Best Daytime No:

COURSE/S APPLYING FOR IN 2019

(Please note: additional fees may be applicable for some courses - refer Course Guide)

Cheques must be made payable to AWCC

Course Code	Course Name	Course Cost
U1900	U3A 2019 Membership (GST inclusive)	\$82.50

I agree to abide by the policies and procedures of the U3A *(Please tick)*

Member's Signature: Date: / /

MEDICAL EMERGENCIES AND ACCIDENTS

An ambulance will be called to treat patient/s in the case of medical emergencies and accidents. All costs associated with ambulance transportation to a hospital will be borne by the patient. Ambulance cover is strongly recommended (refer your private health provider or <https://www.ambulance.vic.gov.au/membership/>).