



THE UNIVERSITY OF THE THIRD AGE

ALPINE U3A MEMBERSHIP 2021

I/We.....
(full name/s)

of.....
(residential address)

wish to become members of **ALPINE U3A**. I/We semi- or fully- retired. Please complete the form and email to secretary@alpineu3a.org.au or print and post to PO Box 178 Mt Beauty 3699, or bring to enrolment day

Postal address
(if different to residential)

Phone Mobile

Email (Please print clearly)

Membership Fees: Single \$25 Couple \$45 Cheque amount.....Cash.....

I/We wish to pay by direct EFT(Y/N) Details: "Alpine U3A" BSB 633000 Acc 132758707

Make sure you include your name and number of people as a reference, e.g. SmithRx2.

Your membership is only valid when this form & the responsibilities document on the reverse have been completed and returned and the fees received.

Do you have Ambulance Cover? **YES / NO** (Essential for the Bushwalking group)

Which classes would you like to attend?

.....

Would you be interested in tutoring a class? Subject?

Agreement:

1. In the event of my admission as a member, I agree to adhere to the rules of the Association
2. I must sign the **Acknowledgement of Risks and the Obligations of Members** form on the reverse of this application. (Typing your name will be taken as your signature)

.....
Signature of Applicant 1

.....
Signature of Applicant 2 for a couple

(Official to complete)

Receipt No. **Date**

Alpine U3A, PO Box 178, Mt Beauty, 3699

Reg. No. A0040697A, ABN 46 469 311 726

Acknowledgement of Risks and the Obligations of Members

1. I accept the concept of U3A and will take an active role in both attendance and participation with this club.
2. I acknowledge that at some time during my membership, I may be asked to take an active role on the Committee of Management.
3. I accept that the information provided in this application form will be used by Alpine U3A for inclusion in the membership database.
4. I understand that I may access any personal information that Alpine U3A holds about me on request.
5. In participating in any activities of Alpine U3A, I acknowledge that my participation may expose me to certain risks which could lead to injury, illness or death, or to loss or damage of my property. The risks may vary according to the particular activity undertaken.
6. I agree to ensure that:
 - a. Any activity in which I am involved is within my capabilities.
 - b. Where the activity leader deems it necessary, I will carry appropriate equipment and sustenance as directed.
 - c. I agree to advise the activity leader of any medical condition or medication that I am using which might affect my ability to satisfactorily undertake the activity.
 - d. I will make every effort to ensure that my participation does not hinder other members in their participation in the activity.
 - e. I understand that I am responsible for having current health insurance and ambulance cover, and that Alpine U3A does not carry insurance against accidents, injury or any other health risks to which I am exposed when participating in Alpine U3A activities.

I have read and understood these requirements. In all circumstances I will take responsibility for my own actions.

Applicant #1 **Date** **Signature**
or type your name for online

Applicant #2 **Date** **Signature**
or type your name for online

Emergency Contacts: (In case of accident, illness or injury)

1.Name **Relationship**

Telephone: Home **Mob**

2. Name **Relationship**

Telephone: Home **Mob**

This document is retained by the Secretary and a copy will be made available to the activity leader as appropriate.