

APPLICATION FORM

UNIVERSITY OF THE THIRD AGE

I /We apply to be:-

A Single Member fee £

TICK

Joint Membership fee £

I/ We agree to abide by the Constitution.

SIGNATURE 1

Date

SIGNATURE 2

Date

Please print

APPLICANT 1

APPLICANT 2

TITLE (MR, MRS, ETC)

SURNAME

FIRST NAME

ADDRESS

POST CODE

TELEPHONE NO.

Occupation Skills _____

My/our interests include _____

_____ I /we would be willing to serve on a committee

I/WE would be interested in joining the _____

INTEREST GROUPS

PLEASE SEND APPLICATION FORM AND CHEQUE PAYABLE TO:-

APPLICATION AND CHEQUE RECEIVED _____

TREASURER