

Asociacion Social de la Tercera Edad de Jávea
UNIVERSITY OF THE THIRD AGE – JÁVEA

U3A Jávea

Membership Application

Name:		Nationality:	
Spanish Address:			
Post Code:			
Tel:		Mobile:	
Email:			
If you are a member of other U3A Groups, please list these here:			
Interests:			
Please list a group(s) if you would be interested in becoming a Group Leader:			
Declaration:			
<ul style="list-style-type: none"> ➤ I understand that I participate in activities at my own risk and with my own insurance cover ➤ I understand husbands and wives both need to be members to undertake activities/trips together ➤ I agree to the above information being held on a computer database ➤ I understand my Membership fee is due before the end of January each year. Failure to do so will result in Membership being withdrawn in February ➤ I understand that the fee for New Members joining between September and November also includes payment for January to December the following year ➤ Changes to details must be sent to the Membership Secretary 			
Signed:		Date:	
<i>Office Use Only:</i>	<i>Amount Paid:</i>	<i>Membership Number:</i>	
<i>Records Updated:</i>	€		
<i>D/Base:</i>	<i>Form:</i>		