

Asociacion Social de la Tercera Edad de Javea
UNIVERSITY OF THE THIRD AGE – JAVEA



Membership Application

Name:	Nationality:
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Spanish Address:	
Post Code:	

Tel:	Mobile:
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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:

- 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 Failure to do so will result in Membership being withdrawn in February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:
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Office Use Only:	Amount Paid:	Membership Number	
Records Updated:	€		
D/Base:	Forms 1 & 2		