

Asociacion Social de la Tercera Edad de Javea

U3A JAVEA

MEMBERSHIP FORM

Please **PRINT** clearly the following information:

Name: _____

Postal Address: _____

post code _____

Tel: _____ Mobile: _____

Email: _____

My current principal interests are: _____

I would be interested in leading an activity group(s):

- 1) _____
- 2) _____

Membership is for 12 months, renewable on the anniversary of joining.
I fully understand that I partake in any activity at my own insurance risk.

I agree to comply with all terms and conditions of membership.

Signed:.....Date:.....

For Office Use Only: - Receipt No. Membership No.