

U3A MORAIRA-TEULADA

MEMBERSHIP FORM

Please **PRINT** clearly the following information:

Name:

Postal Address:

.....

.....

Post Code:

Tel: Mobile:

E-Mail:

My current principal interests are:

.....

.....

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

1)

2)

Membership is for 12 months, January to December.

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:

Dated: