

# UNIVERSITY OF THE THIRD AGE

## Calpe

### **MEMBERSHIP APPLICATION FORM**

Minimum age: 40    Membership €10 *per annum*

Have you been a member of U3A Calpe before? YES or NO .....

Please PRINT or write clearly the following information:

Name: .....

Postal address: .....

.....  
.....

Telephone: ..... Mobile: .....

Email: .....

I heard about the U3A through:  Friends  Internet  Radio  Newspaper  Other

(If 'Other', please say how) .....

My main interests are: .....

.....  
(OPTIONAL) I would be interested in leading a group or groups in the following:  
.....

*I declare that I am 40 or over. I fully understand that I take part in any activity at my own insurance risk and that membership is renewable each year. I agree to comply with all terms and conditions of membership.*

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

#### **For Office Use Only**

Membership No. .....

Date of joining: .....