

## 2017 RE-ENROLMENT FORM

**Surname:** \_\_\_\_\_ **First Name:** \_\_\_\_\_  
*(please print)* *(please print)*

**Member No:** \_\_\_\_\_ **Are you willing to volunteer? Yes / No**  
*(If Yes, please complete the VOL code below)*

CODE	NAME	DAY/DATE	TIME	COST
<b>GENERAL</b>				
17VOL				
<b>COMPUTER</b>				
<b>SUMMER SCHOOL</b>				
17SS001	Summer School Fee \$10			

2017 Membership (\$70) \_\_\_\_\_

**Total** \_\_\_\_\_

*I agree to the purposes of U3A Nunawading Inc. in accordance with the Terms and Conditions and allow my telephone number and/or email address to be disclosed to the Leader of any Class I attend.*

**Signed** \_\_\_\_\_ **Date** \_\_\_\_\_