

# U3A Kapunda and Districts

Registration Form



Last Name	First Name	Year of Birth

Residential Address

Postal Address

Telephone Number	Mobile Number

E-mail

Payment due is \$25 for full year, or \$15.00 for six months.

Payments may be made by direct debit to the following account, using a transaction reference of **Your Name**.

Account Name: U3A Kapunda and Districts Inc.    **BSB: 105-006**    **Account No.: 059748840**

## Office Use

Date membership paid.	Amount paid .	Receipt Number

## My Course Selections

I wish to be enrolled in the following course(s) for Semester ..... Year .....


## Course Suggestions

I would be interested in the following course(s) if they were available: