



LEARNING FOR PLEASURE

U3A Asociación
Costa Del Sol - Fuengirola
Registro Provincial Num. 8340 Sec 1

New
M/ship No.

MEMBERSHIP APPLICATION
One form per person
PLEASE PRINT CLEARLY.

NAME: (Mr/Mrs/Miss/Ms/Dr) _____

POSTAL ADDRESS: _____

POST CODE: _____ TOWN: _____

TEL: _____ MOBILE: _____

EMAIL (PRINT IN UPPERCASE):

LIABILITY DISCLAIMER: I hereby acknowledge that my participation in the Asociación Learning for Pleasure is undertaken at my own risk and that neither the Asociación nor the group leaders are responsible for any injuries, mishaps or losses however and whenever occasioned.

SIGNATURE: _____ Date _____

Signed on behalf of applicant: _____

Membership is from October to May full term or January to May half term. Note: Payment of the fee does not necessarily guarantee you a place on the course of your choice.

p.t.o

Let us know if you are willing to get involved in U3A by helping out in the following areas:

Committee Member (2 year commitment) _____

Group Leader for a new course _____

Give a one-off Lecture/Talk _____

To help us establish the best methods of publicity, tell us how you found out about us.

U3A use only:

Membership Card Issued (date): _____

Initials: _____