



RENEWAL FORM

Please PRINT clearly and hand this form in at the next General Meeting
Annual Membership Fee R50.00 CASH

Name (in full) Title

Address

..... Code

Telephone Cellphone

Email (print clearly IN CAPITALS)

I acknowledge that my participation in any U3A activity is entirely at my own risk. I will not hold U3A liable for any loss, injury or damage to myself or my property

Signed Date

For office use only: Amount paid: R Receipt No:

Receipt No on card: Card Issued: Receipt issued:



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