

Office use only		
<i>Receipt Number</i>	<i>Initials</i>	<i>Date issued</i>

REGISTRATION FORM

I hereby apply to become a member of the University of the Third Age, Armidale Inc.

(Please print details for clarity)

Mr/Mrs/Ms/Other _____

Family Name _____

Given Names _____

Known As
(for name tag) _____

Address _____

_____ Postcode _____

Telephone () _____

Email _____

Signature _____

Date _____

What skills/experience/qualifications have you gained from work/education/hobbies?

What topics do you think you might like to pursue? _____

Are there any topics for which you would be prepared to act as a tutor?

Enrolments:

Please enrol me in the following courses

Course Number	Course Name	Day or Level	Type
			New
			New
			New
			New
			New
			New

Office: University of the Third Age,
Armidale Inc

Rear of 166 Barney Street
Armidale NSW 2350

Mail: PO Box 1440
Armidale NSW 2350

Tel. (02) 6772 2752
(02) 6772 0846

Cut here and post to above address



Would you like to join the University of the Third Age Armidale Inc? All you need to do is print this form, complete the details, sign it and post to:

University of the Third Age Armidale inc.
P O Box 1440
Armidale NSW 2350.

