Office use only				
Receipt Number	Initials	Date issued		

REGISTRATION FORM

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

(Please print details for clarity)

pursue	?			
	ere any top		hich you w	ould
DC PIC	parca to a	or as a rai	.01.	

Enrolments:

Please enrol me in the following courses

Course Number	Course Name	Day or Level	Туре
			New

Office: University of the Third Age, Armidale Inc

Rear of 166 Barney Street Armidale NSW 2350

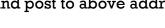
Mail: P0 Box 1440

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.