

ISE VALLEY U3A GROUP MEMBERSHIP

Activity Group: _____

Leader: _____

U3A Membership number: _____
(to be seen each year for insurance purposes)

Name: _____

Address: _____

Postcode: _____

Phone: (*inc code*) _____

Mobile: _____

Email Address: _____

Emergency contact Name: _____

Emergency contact Number: _____

Please submit details of any health problems or other information relevant to the group activities:

Signed : _____ Date : _____

