

P3A

PAPHOS THIRD AGE

Office use only:

Membership No:

Date:

MEMBERSHIP APPLICATION

Family Name: _____

Forename(s): _____

(As you would like it on your membership card)

Address/and locality, if PO Box: _____

Tel: (Home): _____ Mobile: _____

E-mail: _____

Previous occupation(s): _____

Special interests which you would like to pursue:

Languages spoken: _____

Skills or knowledge which you would be able to share, or any capacity in which you are willing to help:

Other relevant information (e.g. previous U3A experience): _____

DISCLAIMER: My participation in all Paphos Third Age groups is undertaken at entirely my own risk. Furthermore, I understand that neither Paphos Third Age nor any of the group leaders are responsible for injuries, accidents or mishaps occasioned.

I agree to my personal data being held for the use of Paphos Third Age only.

SIGNATURE:

DATE:

Joining Fee: €10 (includes first year's subscription)

Annual subscription renewal fee: €5

Completed application forms and monies should be sent to the Membership Secretary or handed to your group leader.

Please pay cash if possible; Cyprus cheques should be made payable to Paphos Third Age.

Paphos Third Age
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Tel: 97786488

Paphos Third Age is an independent, non-profit making organisation.

Application form: June 2022