

## Lanark & District U3A Member Information

The information is used to assist the Group Leader in facilitating the group activities for administration and communication purposes only.

Group Name		
Name	First Name	Surname
Contact Numbers	Telephone Number	Mobile Number
E-mail address		

**Emergency Contact**    Who should be contacted in the event of an emergency arising?

Name	Telephone Number	Mobile Number

**Medical Information**

(Please include anything that you deem relevant that we should know about.)

I agree that my details, which will be kept confidential, can be used for the purposes as given above.

Signature

Date

## Lanark & District U3A Member Information

The information is used to assist the Group Leader in facilitating the group activities for administration and communication purposes only.

Group Name		
Name	First Name	Surname
Contact Numbers	Telephone Number	Mobile Number
E-mail address		

**Emergency Contact**    Who should be contacted in the event of an emergency arising?

Name	Telephone Number	Mobile Number

**Medical Information**

(Please include anything that you deem relevant that we should know about.)

I agree that my details, which will be kept confidential, can be used for the purposes as given above.

Signature

Date