

Please print this form and then (after completing, signing and dating it) return it with the annual subscription fee to the postal address on the form.

**For office use only**

Membership no:

Date:



**ΤΡΙΤΗ ΗΛΙΚΙΑ ΤΗΣ ΚΥΠΡΟΥ**  
**CYPRUS THIRD AGE**

## Cyprus Third Age

### Membership Application Form

Family Name (Surname)

Forename(s)

Mr, Mrs, Miss, Ms, Other

Street  
Address

Telephone (Home)

Mobile

Email address

Previous occupation(s)

Special interests that  
you would like to pursue

Languages  
spoken

Skills or knowledge that you would be able to share or capacity in which you are willing to help

Other relevant information  
(E.g. Previous C3A or U3A experience)

Where did you hear about C3A?

Annual subscription fee: €10.00

Cheques payable to: Cyprus Third Age

Please post to: The Treasurer, PO Box 51922, 3509 Limassol

**Please note**

Do NOT send cash in the post.

Do NOT send cheques registered or recorded delivery.

### Disclaimer

Participation in C3A activities is undertaken at the member's own risk and neither C3A nor Group Leaders are responsible for any injuries/mishaps however occasioned.

### Confidentiality

By signing this application form you give C3A permission to store your name, address, telephone and email details. The C3A guarantees that these details and any other personal information you provide to us WILL NOT be divulged to ANY third party without your prior consent (except as required by the laws of the Republic of Cyprus) and will be deleted when you cease to be a member of C3A.

### Declaration

I have read and understand the disclaimer & confidentiality statements above and agree to comply with the Cyprus Third Age Constitution, its Aims and Guiding Principles and Regulations, which can be found at <http://c3a-cyprus.org/constitution-aims/> and which are also available on request.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_