

Graduate Women Qld Inc.

Membership Form 2019 - 2020



GRADUATE WOMEN QLD INC.

PERSONAL DETAILS (REQUIRED ANNUALLY FOR MEMBERSHIP REGISTER)

| | | |
|---|---------------|----------------|
| Title: | Given Name/s: | Surname: |
| Date of Birth | / / | Former Surname |
| Home Address: | | |
| Suburb: | State: | Postcode: |
| Mailing Address: (if different from above) | | |
| Suburb: | State: | Postcode: |
| Home Phone: () | Mobile: | |
| Preferred email: | | |

HIGHEST QUALIFICATION (IF RENEWING ONLY CHANGES REQUIRED)

| | | | |
|----------------|--------------|----------|-------|
| Qualification: | Institution: | Surname: | Year: |
| | | | |

CIVIL HONOURS (IF RENEWING ONLY CHANGES REQUIRED)

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|---------|----------|-------|
| Honour: | Details: | Year: |
| | | |

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| GWQ MEMBERSHIP SUBSCRIPTION (Membership is for financial year (1 July to 30 June)) | |
| Graduate Women Qld. \$20 (MANDATORY) | \$ 20.00 |
| BRANCH GROUP SUBSCRIPTION (PLEASE SELECT FROM OPTION/S BELOW) | |
| <input type="checkbox"/> Sunshine Coast Branch (SC) | \$30.00 |
| <input type="checkbox"/> Gold Coast Branch (GC) | \$30.00 |
| <input type="checkbox"/> Darling Downs Branch (DD) | \$20.00 |
| <input type="checkbox"/> Fellowships Fund Inc (FFI) | \$ 5.00 |
| DONATIONS FOR OTHER BURSARIES | |
| <input type="checkbox"/> GWQ Bursary \$..... | |
| <input type="checkbox"/> GC Bursary \$ | |
| <input type="checkbox"/> SC Bursary \$..... | <input type="checkbox"/> SC Refugee Education Program \$ |
| | <input type="checkbox"/> SC Raffles \$ |
| TOTAL PAYMENT | Total \$ |

PAYMENT METHOD

| | |
|--|---|
| <input type="checkbox"/> Cheque | <input type="checkbox"/> Money Order [Please make cheque or money order out to Graduate Women Qld Inc] |
| <input type="checkbox"/> Direct Debit | Account Name: Graduate Women Qld Inc. Bank: Commonwealth BSB No: 064000; Account No: 00801818 |
| If paying by direct debit, please record your name on electronic payment slip. | |
| PLEASE RETURN COMPLETED RENEWAL FORM TOGETHER WITH EITHER PAYMENT OR PAYMENT CONFIRMATION TO: | |
| MEMBERSHIP Co-ORDINATOR GWQ INC. PO Box 554 TOOWONG 4066 or email to delmadoherty@bigpond.com | |

DECLARATION: I, the undersigned, hereby apply for renewal of Membership of Graduate Women Qld Inc & branches as indicated

SIGNATURE OF APPLICANT: Date: / / (name only required, if sending electronically)

Privacy Statement: GWQ Inc. maintains a database of names, addresses and other information relevant to membership of the Association and for the purpose of mailing information, publications, notification of events etc and providing services and benefits to members. A member may request a copy of personal information held by the Association. If you have any queries, please contact the Membership Secretary.

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|--|--------------------|---------------------|-----|
| Questions please contact Membership Co-Ordinator GWQ PO Box 554 TOOWONG 4066 or email to delmadoherty@bigpond.com | | | |
| GWQ Inc. Office Use only: Membership No: | Year first joined: | Receipt Issued GWQ: | / / |