

GRADUATE WOMEN QLD INC.

MEMBERSHIP APPLICATION 2020-2021

ABN: 20 497 336 367



GRADUATE WOMEN QLD INC.

PERSONAL DETAILS

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

QUALIFICATIONS

Qualification:	Institution:	Surname:	Year:
Qualification:	Institution:	Surname:	Year:
Qualification:	Institution:	Surname:	Year:

CIVIL HONOURS

	Details:	Year:
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GWQ INC. MEMBERSHIP SUBSCRIPTION

Note: Membership is based on the financial year (i.e. 1 July to 30 June) If joining now GWQ offers membership to 30th June,2021

<input type="checkbox"/> Membership Fee	\$ 25.00
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Note: If you wish to join GWI (and AGW) apply to AGW - total fee is \$70 incl. GWI fee of approx \$40.

BRANCH MEMBERSHIP (PLEASE SELECT FROM OPTION/S BELOW)

<input type="checkbox"/> Fellowships Fund Inc including GST	\$5.00	
<input type="checkbox"/> Darling Downs Branch	\$20.00	
<input type="checkbox"/> Gold Coast Branch	\$30.00	
<input type="checkbox"/> Sunshine Coast Branch	\$30.00	
<input type="checkbox"/> Donation towards----- GWQ Inc.Bursary ----- Darling Downs Bursary ----- Gold Coast Bursary - Sunshine Coast Bursary Circle choice		\$
TOTAL PAYMENT	Total	\$.00

PAYMENT METHOD

<input type="checkbox"/> Cheque <input type="checkbox"/> Money Order [Please make cheque or money order out to Treasurer GWQ Inc.]	Payment Amount	\$.00
<input type="checkbox"/> Direct Debit Account Name: Graduate Women Qld Inc.		
Bank: Commonwealth Bank BSB No: 064 000 Account No: 00801818		
<input checked="" type="checkbox"/> If paying by direct debit, please record your name on electronic payment slip.		
<input checked="" type="checkbox"/> Please send you Bank's Confirmation Number or scan your Bank's Confirmation and email to the Treasurer at f.rohde@law.uq.edu.au or the Membership Registrar at delmadoherty@bigpond.com		

DECLARATION: I, the undersigned, hereby apply for Membership of Graduate Women Qld Inc (GWQ Inc.)

SIGNATURE OF APPLICANT: Date: / /

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.

Office Use only: Membership No:	Year first joined:	Receipt Issued:	/ /
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PLEASE RETURN COMPLETED APPLICATION FORM WITH PAYMENT TO: TREASURER GWQ INC. PO Box 554 TOOWONG BUSINESS HUB Q 4066
Queries to Membership Registrar at delmadoherty@bigpond.com. Printed name accepted for electronic applications.

First Draft 28.05.2020 Second 29.05.2020 Third 06.07.2020