 **Graduate Women Qld Inc.**

**ABN: 78 1666 425 907**

**Renewal and Application Form for Membership 2024/25**

\***Please complete and email to GWQ Membership Secretary** at **gwqmemberships@gmail.com** or mail hard copy to **PO Box 6472, Gold Coast Mail Centre Qld 9726.**

Please **make payment separately to GWQ Treasurer** as **detailed below [Payment Method].**

**Personal Details (Name only required if nothing else has changed in the past year):**

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

**Highest Qualification (only required if changed in the past year)**

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

**Civil Honours (Only required if changed in the past year)**

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

|  |  |
| --- | --- |
| **Membership Subscription** for financial year 1July 2024 to 30 June 2025 | |
| **Graduate Women Qld. Inc** | **$25** |
| Donation to Graduate Women Qld Inc Scholarship Fund (optional) |  |
| **Darling Downs Branch $20** | **$** |
| Donation to Graduate Women Darling Downs Scholarship Fund (optional) |  |
| **Fellowships Fund Inc (FFI) $5** | **$** |
| **Gold Coast Branch $30** | **$** |
| Donation to Graduate Women Qld Gold Coast Scholarship Fund (optional) |  |
| **Sunshine Coast Branch $30** | **$** |
| Donation to Graduate Women Sunshine Coast Scholarship Fund (optional) |  |
| **Total Payment** | **$** |

**Payment Method**

|  |
| --- |
| **Direct Debit:** If paying by Direct Debit please record your name on electronic payment slip and send confirmation number and/or scan of your Bank’s confirmation to the Treasurer**: gwqtreasurer@gmail.com**  **Account Name**: Graduate Women Qld Inc. **Bank**: nab **BSB No**:084-462 **Account No:** 929424531  **Cheque:** Please mail **a copy of this form** and payment to: **GWQ Treasurer, PO Box 6472, GCMC, Q9726** |
| **Declaration:** I, the undersigned, hereby apply for renewal of Membership of Graduate Women Qld Inc (GWQ Inc)  and other branches as noted above.  SIGNATURE OF Member …………………………………………………….................. 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.