

GRADUATE WOMEN QLD INC. SUNSHINE COAST BRANCH

MEMBERSHIP APPLICATION 2018-2019

ABN:

GRADUATE WOMEN QLD INC.

75315647134

PERSONAL DETAILS

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:		

QUALIFICATIONS

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

CIVIL HONOURS

Honour:	Details:	Year:
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CURRENT INTERESTS (PLEASE TICK AS MANY BOXES AS APPLY)

EDUCATION	ENVIRONMENT	INTERNATIONAL RELATIONS	STATUS OF WOMEN
SOCIAL ACTIVITIES	SECURITY & PEACE	INFORMATION TECHNOLOGY	HEALTH & WELFARE
OTHER (specify)			

GWQ-SC INC. MEMBERSHIP SUBSCRIPTION (PLEASE SELECT FROM OPTIONS BELOW – SOME EXEMPTIONS DO APPLY)

Please Note: Membership is based on financial year (i.e. 1 July to 30 June)		
Country / Interstate/Overseas Member (More than 30 km from the Brisbane CBD)		\$ 85.00
Note: This subscription includes GWQ/AFGW/GWI affiliation fee	Sub Total	\$ 85.00
BRANCH GROUP SUBSCRIPTION (PLEASE SELECT FROM OPTION/S BELOW)		
Sunshine Coast Branch		\$ 15.00
Donation towards GWQ-SC Inc. Bursary (Optional – Non Tax Deductible) <i>(Financial support for women in the form of bursaries or the like was passed at the 30th May 2017 Special Meeting of GWQ-SC to be voted on at the AGM on 26th August 2017.)</i>		\$
Fellowships Fund Inc (includes GST) (Optional)		\$ 5.00
TOTAL PAYMENT		
Total		\$.00

PAYMENT METHOD

Cheque	Money Order [Please make cheque or money order out to Treasurer GWQ-SC Inc.]	Payment Amount	\$.00
Direct Debit	Account Name: Graduate Women Qld Inc. Sunshine Coast Bank: Suncorp BSB No: 484 799 Account No: 101599911 If paying by direct debit, please record your name on electronic payment slip. <input checked="" type="checkbox"/> Please send your Bank's Confirmation Number or scan your Bank's Confirmation and email to the Membership Co-Ordinator at info@graduatewomen.org.au		

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

SIGNATURE OF APPLICANT: Date: / /

Privacy Statement: GWQ & GWQ-SC 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.

GWQ Inc. Office Use only: Membership No:	Year first joined:	Receipt Issued GWQ-SC:	/ /
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PLEASE RETURN COMPLETED APPLICATION FORM WITH PAYMENT TO: MEMBERSHIP Co-ORDINATOR GWQ-SC Inc. PO Box 1350 BUDERIM 4556

Queries should be emailed to Membership Co-Ordinator at info@graduatewomen.org.au