GRADUATE WOMEN QLD INC.

## GRADUATE WOMEN QLD INC. SUNSHINE COAST BRANCH MEMBERSHIP FORM 2023 - 2024 ABN: 20497336367

Р	ER	SO	NAL	D	ET	AILS

Title:	Given Name/s:			Surname:				
Date of Birth	rth / /			Former Surname				
Home Addr	ress:							
Suburb:				State: Postcode:				
Mailing Add	dress: (if different from above)							
Suburb:				State: Postcode:				
Home Phon	e: ( )			Mobile:				
Preferred er	mail:							
IGHEST QUA	LIFICATION							
Qualification:		Institu	ution:		Surname:	Year:		
IVIL HONOUI	RS							
Honour:	<u></u>		Details:			Year:		
GWO AND	SUNSHINE COAST BRANCH MEMBE	RSHI	SUBSC	RIPTION (Membershin	is for financial year 1	Luly to 30		
luna)	/omen Qld. \$25 (MANDATORY) + Sui					\$ 55.00		
	ary \$				7,444	,		
	ee Education Program \$							
□ SC Raffle	es \$ OR							
□ SC Month	nly/quarterly/half-yearly contribution							
BRANCH (	GROUP SUBSCRIPTION (PLEASE SE	ELEC1	FROM	OPTION/S BELOW)				
Gold Co	ast Branch (GC)				\$30.00			
Darling Do	owns Branch (DD)				\$20.00			
Fellowship	os Fund Inc (FFI)				\$ 5.00			
DONATION	S FOR BURSARIES (other than Sur	nshine	Coast B	Branch)				
□ GWQ Bu	rsary \$							
	ary \$							
□ Toowoom	ba bursary:							
TOTAL PAYN	MENT					\$		

## **PAYMENT METHOD**

Cheque	Money Order [Please make cheque or money order out to <b>Graduate Women Qld Inc. Sunshine Coast</b> ]							
	t Account Name: Graduate Women Qld Inc. Sunshine Coast Bank: Suncorp BSB No: 484 799; Account No: If paying by direct debit, please record your name on electronic payment slip.							
MEMBERSHIP (	RN COMPLETED APPLICATION FORM TOGETHER WITH EITHER PAYMENT OR PAYMENT CONFIRMATION TO:  CO-ORDINATOR GWQ SC Inc. PO Box 1350 Buderim 4556 or email Membership Coordinator interval in the content of the							
DECLARATION	I, the undersigned, hereby apply for Membership of Graduate Women Qld Inc & SC Branch (GWQ Inc.)							
SIGNATURE C	OF APPLICANT: Date: / /							
(name only r	equired, if sending electronically)							

**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.

Questions: please contact Membership Co-Ordinator: info@graduatewomen.org.au									
GWQ Inc. Office Use only: Membership No:	Year first joined:	Receipt Issued GWQ SC:	1	1					