

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:		

HIGHEST QUALIFICATION

Qualification:	Institution:	Surname:	Year:

CIVIL HONOURS

Honour:	Details:	Year:
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GWQ AND SUNSHINE COAST BRANCH MEMBERSHIP SUBSCRIPTION (Membership is for financial year 1 July to 30 June)

Graduate Women Qld. \$25 (MANDATORY) + Sunshine Coast Branch (SC) (MANDATORY) \$30 \$ 55.00

SC Bursary \$..... SC Multicultural Support Program (MSP) \$ SC Raffles \$ **OR**
 SC Monthly/quarterly/half-yearly contribution

BRANCH GROUP SUBSCRIPTION (PLEASE SELECT FROM OPTION/S BELOW)

Gold Coast Branch (GC)	\$30.00	
Darling Downs Branch (DD)	\$20.00	
Fellowships Fund Inc (FFI)	\$ 5.00	

DONATIONS FOR BURSARIES (other than Sunshine Coast Branch)

GWQ Bursary \$..... GC Bursary \$ Toowoomba bursary:

TOTAL PAYMENT \$

PAYMENT METHOD

Cheque Money Order [Please make cheque or money order out to Graduate Women Qld Inc. Sunshine Coast]

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.

**PLEASE RETURN COMPLETED APPLICATION FORM TOGETHER WITH EITHER PAYMENT OR PAYMENT CONFIRMATION TO:
MEMBERSHIP Co-ORDINATOR GWQ SC Inc. PO Box 1350 BUDERIM 4556 or email Membership Coordinator
secretary.gwqsc@gmail.com**

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

SIGNATURE OF APPLICANT: Date: / / **(name only required, 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.

sQuestions: please contact Membership Co-Ordinator: secretary.gwqsc@gmail.com

GWQ Inc. Office Use only: Membership No:

Year first joined:

Receipt Issued GWQ SC:

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