

# Graduate Women Qld Inc. Gold Coast Branch

Application/Renewal Form 2020-2021 ABN: 20 497 336 367



GRADUATE  
WOMEN  
QLD INC.

## PERSONAL DETAILS ( IF RENEWING - ONLY CHANGES REQUIRED)

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

## HIGHEST QUALIFICATION (IF RENEWING- ONLY CHANGES SINCE 2019-2020 REQUIRED)

Qualification:	Institution:	Surname:	Year:

## CIVIL HONOURS (IF RENEWING - ONLY CHANGES SINCE 2019-2020 REQUIRED)

Honour:	Details:	Year:

<b>GWQ AND GOLD COAST BRANCH MEMBERSHIP SUBSCRIPTION</b> for financial year 1July 2020 to 30 June2021	
Graduate Women Qld. \$25 (MANDATORY) + Gold Coast Branch (MANDATORY) \$30	\$55
Donation to Graduate Women Qld Gold Coast Scholarship Fund (optional)	\$20
<b>Sub Total</b>	<b>\$75</b>
Donation to and Membership of Fellowships Fund Inc .(FFI ) (Recommended)	\$ 5
Donation to Graduate Women Qld Inc Scholarship Fund	\$
<b>Total</b>	<b>\$</b>

## 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: [dirochet@bigpond.net.au](mailto:dirochet@bigpond.net.au)

**Account Name:** Graduate Women Qld Inc. Gold Coast. **Bank:** Heritage **BSB No:**638-070 **Account No:** 6997201

**Cheque:** If paying by cheque please make cheque payable to GWQ Inc Gold Coast and post along with completed form to:

The Treasurer. GWQ Inc Gold Coast, PO Box 146, Chevron Island Qld 4217. **Payment Amount: \$**

**DECLARATION:** I, the undersigned, hereby apply for Membership or Renewal of Membership of Graduate Women Qld Inc (GWQ Inc) and GWQ Inc Gold Coast Branch

SIGNATURE OF APPLICANT: ..... Date: / /

(name only required, if sending electronically)

**Privacy Statement:** GWQ & GWQ-GC 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.

Questions please contact Membership Co-Ordinator GWQ INC GC AT PO BOX 146, CHEVRON ISLAND QLD 4217			
<b>GWQ Inc. Office Use only:</b> Membership No:	Year first joined:	Receipt Issued GWQ-GC:	/ /