

# Graduate Women Qld Inc. Gold Coast Branch

## Renewal Form 2024/25 ABN: 20 497 336 367



GRADUATE  
WOMEN  
QLD INC.

### PERSONAL DETAILS (NAME ONLY REQUIRED IF NOTHING ELSE HAS CHANGED)

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 (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:

GWQ AND GOLD COAST BRANCH MEMBERSHIP SUBSCRIPTION for financial year 1 July 2023 to 30 June 2024	
Graduate Women Qld. \$25 ( MANDATORY) + Gold Coast Branch (MANDATORY) \$30	\$55
Donation to Graduate Women Qld Gold Coast Scholarship Fund (optional)	
<b>Sub Total</b>	<b>\$</b>
Membership of Fellowships Fund Inc (FFI ) (Recommended) \$5	
Donation to Graduate Women Qld Inc Scholarship Fund (Optional)	\$
<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: [glen.crowther@bigpond.com](mailto:glen.crowther@bigpond.com)

**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 6472, GCMC, Qld 9726. **Payment Amount:** \$

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

SIGNATURE OF MEMBER: ..... 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:	/    /