Australian Graduate Women Inc.

**ABN: 93656106863**

PLEASE COMPLETE ANY TICK BOXES, FILL OUT ANY BOXES IN CLEAR CAPITAL LETTERS AND SUBMIT FORM ONLINE OR PRINT OUT AND POST TO: The Treasurer (details provided below)



 **Membership Form: 2019/2020**

PERSONAL DETAILS

|  |  |  |
| --- | --- | --- |
| Title:  | Given Name/s: | Surname: |
| Home Address: |
| Suburb: | State: Postcode: |
| Mailing Address: |
| Suburb: | State: Postcode: |
| Home Phone: ( ) | Mobile: |
| Preferred email: |

Qualifications:

|  |  |  |  |
| --- | --- | --- | --- |
| Qualification: | Institution: | Surname: | Year: |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

CIVIL HONOURS

|  |  |  |
| --- | --- | --- |
| Honours: | Details: | Year: |

CURRENT INTERESTS (PLEASE TICK AS MANY BOXES AS APPLY)

|  |  |  |  |
| --- | --- | --- | --- |
| EDUCATION | ENVIRONMENT | INTERNATIONAL RELATIONS | STATUS OF WOMEN |
| SOCIAL ACTIVITIES | SECURITY & PEACE | INFORMATION TECHNOLOGY | HEALTH & WELFARE |

 **Please Note:**

 Membership is based on financial year (i.e. 1 July to 30 June), Membership fees are due on 1 JULY each year.

 Membership Fee: $ 70

 PAYMENT METHOD

|  |
| --- |
| Direct Debit (**Preferred method of payment**): Account Name: Australian Graduate Women Inc**Bank: ANZ BSB No: 012010 Account No: 459289741**If paying by internet transaction, please record your name in the reference section. Please send your Bank’s Confirmation Number and/or scan your Bank’s Confirmation and email to **Alison Hayden:** alihay1@bigpond.com |
| Cheque: Please make **cheque out to AGW Inc** and email **Alison Hayden** forpostal address details. |

 DECLARATION:

 I, the undersigned, hereby apply for Membership of Australian Graduate Women Inc.

 SIGNATURE OF APPLICANT (electronic signature accepted)…………………………………………………Date: / /

**Privacy Statement**: AGW 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 and providing services to members. A member may request a copy of personal information held by the Association.

|  |  |  |  |
| --- | --- | --- | --- |
| Office Use only: Membership No: | Year first joined: | Receipt Issued: | / / |