Australian Graduate Women Inc.

**ABN: 93656106863**

**Membership Form: 2020/2021**

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)

A picture containing clipart

Description automatically generated

PERSONAL DETAILS

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

QUALIFICATIONS:

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| --- | --- | --- | --- |
| Qualification: | Institution: | Surname: | Year: |
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CIVIL HONOURS & AWARDS

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

CURRENT INTERESTS (PLEASE TICK AS MANY BOXES AS APPLY)

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**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

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| 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** & send to: **Alison Hayden**, The Treasurer, 10 Carr Street, West Perth, WA- 6005 |

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.

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