



Associate Membership Application Form

Australian Federation of Graduate Women – NSW Inc.

I wish to apply for associate membership of the Australian Federation of Graduate Women NSW Inc.

Ms, Miss, Mrs: _____

Address: _____

Suburb/Town: _____ Post Code: _____

Phone: (H) (W/Mbl) _____

E-mail: _____

My professional / general interests are: _____

I would like to join a Branch _____ Amount Enclosed \$ _____
(Central West, City, Hunter Valley, North Shore, Southern Highlands, Young Members)

Annual Fee \$25.00 - for the financial year 1 July to 30 June
(If you join after 1st April, you will be financial until 30 June the following year)

I require a receipt Yes / No

Tax deductible donations to the AFGW NSW Inc Education Trust may be included in your payment. Your generous donation assists AFGW NSW in supporting women in education.
Receipts will be provided for all donations.

Enclosed is my tax deductible Education Trust donation \$ _____

NOTE: Associate Membership is to AFGW NSW only and not to the Federal or International bodies.
Associate members are not eligible to vote at the AFGW AGM.

Cheques should be made payable and sent to:	AFGW NSW Inc. P.O. Box A2231 Sydney South NSW 1235
Or	
Online Payment (with details):	AFGW NSW Inc Commonwealth Bank AFGW-NSW Inc BSB: 062 000 Account No.: 0080 2977