

Full Membership Application Form

Australian Federation of Graduate Women – NSW Inc.

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

11,7	•				
Ms, Miss, Mrs, Dr:					
Address:					
Suburb/Town:	burb/Town:			Post Code:	
Phone: (H) (W/Mbl)					
E-mail:					
Please give details of degrees/aw					
Degree/Award/Honours Awarded	Instit	tution	Year	Surname Conferred Under	
My professional / general interest	s are:				
I would like to join a Branch			Amount I	Enclosed \$	
F ull Membership Fee \$95.00 - f (If you join after 1st April, you will			-	g year)	
require a receipt Yes / No					
	ically bestows:	mamharshin of	the nationa	I hady of AECW which is	
with Graduate Women International	(GWI). NB: You	r membership ¡		-	
following way: GWI/AFGW \$70.00 AF					
Tax deductible donations to the A Your generous donation assists A					
Receipts will be provided for all d		., 0			
Enclosed is my tax deductible Edu	ıcation Trust o	donation \$			
Cheques should be made payal	ble and sent	AFGW NSW II	nc.		
to:		LG Floor, 280 Sydney NSW	Pitt St		
Or		Sydney NOW	2000		
Online D		AFGW NSW Inc			
Online Payment (with details)		ANZ Bank AFGW-NSW Inc			
		BSB: 012 670			

Account No.: 300706398