

Solo Graduates Inc

APPLICATION FOR MEMBERSHIP

I,
(name and occupation)

of
(postal address)

wish to become a member of Solo Graduates Inc.

I have enclosed photocopied evidence of my graduation

from
(name of tertiary educational institution)

Qualification

Showing date of graduation as

Email address for newsletters and notices

Telephone number Mobile

If admitted as a member, I agree to be bound by the rules of the Association for the time being in force

Signature Date:

Preferred given name for name badge

Membership rates for 12 months from the date of acceptance for membership are:

\$110 for full membership or \$77 for concessional membership which is available only to holders of current Commonwealth Health Care Cards or equivalent. To claim the concessional rate you must enclose a photocopy of your card showing name, date and number.

Please enclose a Cheque or Money Order made payable to **Solo Graduates Inc.** and send your completed membership form with the photocopies of your qualifications and concession card (if applicable) to the **Membership Secretary, Solo Graduates Inc, PO Box 397, Carlton North 3054**

How did you learn about Solo Graduates?

Please tick relevant boxes:

- | | | | |
|--|--|---|--|
| <input type="checkbox"/> from a Member | <input type="checkbox"/> from a Friend | <input type="checkbox"/> from another group | <input type="checkbox"/> ex Graduate Union |
| <input type="checkbox"/> Newspaper | <input type="checkbox"/> Magazine | <input type="checkbox"/> Radio | <input type="checkbox"/> Website |
| <input type="checkbox"/> Professional Assoc. | <input type="checkbox"/> Alumni Assoc. | <input type="checkbox"/> other | |

Please give additional details (e.g. name of the Newspaper)