

# Solo Graduates Inc.

## APPLICATION FOR MEMBERSHIP

I, .....  
[name and occupation]

of .....  
[address]

- wish to become a member of Solo Graduates Incorporated (“the Association”)
- support the purposes of the Association, and
- agree to comply with the Rules of the Association.

I have attached photocopied evidence of my academic qualification(s) that confirm my graduate status.

.....  
[name of tertiary educational institution(s)]

Qualification(s) .....

Showing date(s) of graduation as .....

Email address for newsletters and notices .....

Telephone number H..... W ..... Mob .....

Signature ..... Date: \_\_\_ / \_\_\_ / 2015

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The Membership rate for the period from **mid-February 2016 – 30 June 2017** is \$20.

*Please enclose a Cheque or Money Order made payable to **Solo Graduates Inc.** and send your completed membership form together with a photocopy of your academic qualifications confirming your graduate status to: **Membership Secretary, Solo Graduates Inc, PO Box 397, Carlton North 3054***

*Alternatively, you can pay via Direct Credit to Bendigo Bank, BSB 633000, A/C No 126127257 (Solo Graduates Inc.) PLEASE ADD YOUR NAME AS THE REFERENCE*

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How did you learn about Solo Graduates? Please tick all relevant boxes:

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Our Website   | <input type="checkbox"/> From a Member                           | <input type="checkbox"/> The Age              |
| <input type="checkbox"/> From a Friend | <input type="checkbox"/> Graduate Union <input type="checkbox"/> | <input type="checkbox"/> Another social group |
| <input type="checkbox"/> Other         | If “Other”, Please give additional details:                      |   |

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