

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: ___ / ___ / 2018

The Membership rate is \$60 per financial year from July-June. If joining between June and November the full amount of \$60 is due, if joining between December and May, a reduced rate of \$30 is due.

*Please 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 scanned versions of these documents may be emailed to membership@solograduates.net.au. When notified of your acceptance 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. Alternatively, a cheque may be sent.

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"/> From a Friend |
| <input type="checkbox"/> Graduate Union | <input type="checkbox"/> Another social group | <input type="checkbox"/> Other |

If “Other”, Please give additional details:
