



**APPLICATION FOR MEMBERSHIP 2017-2018
ALUMNI FRIENDS OF THE UNIVERSITY OF QUEENSLAND Inc.
and SPECIAL INTEREST GROUPS.**

Please print and complete this form and fax or post it with your payment to:

The Alumni Friends of the University of Queensland Inc.

Alumni House, Building 91C, 50 Walcott Street, The University of Queensland, QLD, 4072.

Alternatively, it may be scanned and sent as an email attachment to the Honorary Secretary at alumni@alumnifriendsuq.com , or fax number: 07 3365 1567.

MEMBERSHIP DETAILS (Please print clearly using black pen).

Title			
Surname			
Given Name		Preferred First Name	

CONTACT DETAILS

Mailing Address			
Mobile		Telephone (H)	
E-mail address			

ACADEMIC QUALIFICATIONS (OPTIONAL)

	1	2	3
Year			
Institution			
Award			
Surname conferred under			

DATE OF BIRTH (Optional) **CIVIL HONOURS**.....

OCCUPATION Current or Most Recent (Optional).....

PERSONS TO BE INCLUDED IN THIS MEMBERSHIP (JOINT):

	1	2
Name		
Year of Academic Qualification		
Institution		
Award		

MEMBERSHIP VOLUNTEER INVOLVEMENT (please tick as many boxes as apply)

- | | |
|---|--|
| <input type="checkbox"/> EXECUTIVE COMMITTEE WORK | <input type="checkbox"/> BOOKHOUSE & BOOKFAIR |
| <input type="checkbox"/> MEDICAL ALUMNI | <input type="checkbox"/> EDUCATIONAL & CULTURAL ACTIVITIES |
| <input type="checkbox"/> FRIENDS OF ANTIQUITY | <input type="checkbox"/> ALUMNI NEWS & COMMUNICATION |
| <input type="checkbox"/> OTHER SPECIAL INTEREST GROUPS | <input type="checkbox"/> SOCIAL ACTIVITIES |
| <input type="checkbox"/> OTHER ALUMNI VOLUNTEERING (specify)..... | |

Alumni Friends Membership Subscription is <u>required</u> in order to join any Special Interest Group. (Select whichever box applies)		
Ordinary Membership:	\$38.50	
Student Membership:	\$19.25	
Overseas Membership:	\$27.50	
Joint Membership:	\$49.50	

Special Interest Group/Member Benefit Subscription:

(Select whichever boxes apply)

Dentistry Alumni Membership:	\$16.50	
Friends of Antiquity (FOA) Membership:	\$16.50	
UQ Student for FOA: Student Number please:	\$ 5.50	
Medical Alumni Membership:	\$16.50	
Physiotherapy Alumni Membership:	\$ 5.50	
Veterinary Alumni Membership:	\$16.50	
Three Score Club Membership: <i>[Free with membership – please specify Yes/No]</i>		
<i>If Yes, please provide email address:</i>	<i>Yes/No</i>	
TOTAL PAYMENT:	\$	

PAYMENT METHODS

I am paying by cheque payable to: Alumni Friends of the University of Queensland Inc. Please post to the address at the top of page 1.

I am paying by Direct Transfer. **Please record both your GIVEN NAME AND SURNAME** on the electronic **payment slip** of your financial institution. Transfer to **Account Name:** Alumni Friends of the University of Queensland Inc **BSB No:** 064 158 **Account No:** 1012 4990. Please record here the **confirmation number from your financial institution** _____

I am paying by **MASTERCARD** or **VISA** **TOTAL PAYMENT \$** _____

Card Number : _

Card Holder's Name _____ **Expiry date** ____/____

and **post** your completed application form to the address on page 1, or **fax BOTH sides** to Fax **07 3365 1567**

SIGNATURE OF APPLICANT _____ **Date** _____