

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: ____/____/____

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 scan your completed membership form and your academic qualifications confirming your graduate status and send them to membership@solograduates.net.au.

*Or they can be mailed to **Membership Secretary, Solo Graduates Inc, PO Box 397, Carlton North 3054.***

When notified of your acceptance you can pay the amount due via Direct Credit to Bendigo Bank, BSB 633000, A/C No 126127257 (Solo Graduates Inc) PLEASE ADD YOUR NAME AS THE REFERENCE.

It is recommended that members carry their emergency contact details to all Solos events. This could be a small card/note in a wallet.

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

- | | | |
|---|--|--|
| <input type="checkbox"/> From our Website | <input type="checkbox"/> From a Member | <input type="checkbox"/> From a Friend |
| <input type="checkbox"/> Another social group | <input type="checkbox"/> From Facebook | <input type="checkbox"/> Other |

If “Other”, please give additional details:
