THE GRADUATE UNION OF THE UNIVERSITY OF MELBOURNE INCORPORATED
ABN:556 10 664 963 A0023234B

GRADUATE HOUSE: 220 Leicester Street, Carlton, Vic 3053
www.graduatehouse.com.au

incorporating ***UNIVERSITY GRADUATES CLUB***

TELEPHONES:
Office: (03) 9347-3428
Residents: (03) 9347-8764
Facsimile: (03) 9347-9981
Email: sec@graduatehouse.com.au

MEMBERSHIP RENEWAL & DONATIONS 2012

MEMBERSHIP CATEGORIES:

[ ] **ORDINARY** ***(Graduate)*** (TITLE) _____ (GIVEN NAMES) _____ (SURNAME) _____

[ ] **LIFE** ***(Graduate)*** (TITLE) _____ (GIVEN NAMES) _____ (SURNAME) _____

[ ] **CORPORATE: *Contact Person:*** _____

Company or University Dept/School _____

[ ] **ASSOCIATE** ***(Non-Grad)*** (TITLE) _____ (GIVEN NAMES) _____ (SURNAME) _____

Pls tick one: [ ]***Final Year*** [ ]***Spouse of Member*** [ ]***University Staff*** **: Department or School** _____

[ ] **RESIDENT** *(in-House)* (TITLE) _____ (GIVEN NAMES) _____ (SURNAME) _____

Email: _____ Date of Birth _____

Postal Address: _____

(SUBURB) _____ (STATE) _____ (POSTCODE) _____ (COUNTRY) _____

Tel: (Bus): _____ (AH) _____ Mobile _____

Metropolitan	**Graduate**	$ 150	$.....
	Corporate	$ 500	$.....
(limited benefits – available to non-graduates only)	**Associate**	$ 150	$.....
Country, Interstate, Overseas Graduate or full time Graduate Student		$ 135	$ .....
Seniors (over 60 years)		$ 135	$ .....
Life		$1500	$ .....
Paid in instalments over 3 years	*cost per year*	$ 550	$.....
Seniors Life Membership (over 60 years)		$ 750	$ .....
Resident *(in house)*		$ 115	$.....

DONATIONS *($2 or more tax deductible)*

We invite your assistance for the Graduate Union Annual Appeal

My donation to the **BUILDING FUND** *(restoration and upkeep of property)* $……..

My donation to the **RESIDENTS' ASSISTANCE FUND** $……..

My donation to the **RESIDENTIAL SCHOLARSHIP PROGRAM** $……..

Naming of a **STELLA LANGFORD APARTMENT** ***($5000)*** $……..

PAYMENT DETAILS : **TOTAL** **$.....**

[ ] **CASH** [ ] **CHEQUE** [ ] **CREDIT CARD** *[ ]Mastercard [ ] Visa*

Credit Card Number

Card Holder's Name *(please print)* …… **Expiry date**: ____/____

Date:…… **Card Holder's Signature** …….. ……