



The Graduate Union
of The University of Melbourne
220 Leicester Street
Carlton, Victoria, 3053

Phone: 03 9347 3428
Email: admingh@graduatehouse.com.au
Website: www.graduatehouse.com.au

Membership Renewal Form – Applicant Information

Enrolment

Title

Name

Date of Birth

Name of Organisation, Group or University Department/School (for Organisation Members only)

Membership expiry

Contact Details (Please Include Country and Area Codes)

Business:

After Hours:

Mobile:

Email:

Address: (Number, Street Name or Post Office Box, Suburb, State, Postcode and Country)

Membership Options (Annual Payment for Membership as Below, Please Tick Choice of Membership)

- | | |
|---|--------|
| <input type="checkbox"/> Regular Membership (Metropolitan Melbourne) | \$150 |
| <input type="checkbox"/> Senior Regular Membership (≥ 60) | \$125 |
| <input type="checkbox"/> Regional and International Membership | \$125 |
| <input type="checkbox"/> Associate Membership | \$125 |
| <input type="checkbox"/> Resident Membership | \$115 |
| <input type="checkbox"/> Not-For-Profit Membership (For Groups and Organisations) | \$500 |
| <input type="checkbox"/> For Profit Organisation Membership (For Organisations) | \$1500 |

TOTAL



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Publications

Please indicate any changes in your approach to receiving The Graduate Union Publications

The Melbourne Graduate	The Graduate Union Newsletter
<input type="checkbox"/> I wish to receive the publication by email	<input type="checkbox"/> I wish to receive the publication by email
<input type="checkbox"/> I wish to receive the publication by post	<input type="checkbox"/> I wish to receive the publication by post

Method of Payment – Please tick choice of payment

Membership Fee

Cheque

Amount \$ _____

Payable to The Graduate Union of The University of Melbourne Incorporated

Bank Transfer

Amount \$ _____

Account Name: The Graduate Union of The University of Melbourne Incorporated

Bank: National Australia Bank

BSB: 083 170

Account Number: 515 612 137 Swift Code: (for international transfers) NATAAU3303M

Description of Transfer: Your Surname or Group/Organisation and the word 'Membership'

Credit Card

Amount \$ _____

Card Number: _____/_____/_____/_____

Expiry Date: _____

Cardholder Name: _____ SIGNATURE : _____
