

Phone: 03 9347 3428

Email: admingh@graduatehouse.com.au **Website:** www.graduatehouse.com.au **ABN:** 55 610 664 963 | **IARN:** A0023234B

Membership Application Form

Contact details of person seeking membership or seeking to gift membership		
Phone number:	Mobile:	
Email:		
Address: (number, street name or Pos	t Office box, suburb, state, postcode c	and country)
Applicant information (If this a gift fo	or another person please put their det	ails here)
Prefix:	Firstname:	
Surname:	Post-nominals:	Add Photo
Date of Birth:		not applicable for organisations
Name of organisation, group or university department/school: (if relevant)		or groups
Membership options (Tick relevant b	ox on left. Annual fees are indicated)	
Individual		
metropolitan Melbourne; aged <60 years		\$150
metropolitan Melbourne; aged ≥60 years		\$125
regional, interstate and international		\$125
associate (administration staff of tertiary institution/ spouse of member)		nber) \$125
resident of Graduate House		\$115
life subscription		\$1,500
Group		
not-for-profit, government or university unit		\$500
for-profit organisation		\$1,500
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Individual — university qualifications		
Please note that we undertake checks to verify the qualifications listed.		
Name of Degree	University	Year degree was awarded:
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Donation

From its establishment in 1911, Members have lived, learned and met together to continue the experience of 'the meeting of the minds' beyond university as they entered the workforce, had families, became leaders, volunteered across the world and retired. These Members built the organisation through great generosity in the form of donations of funds and buildings, bequests and sponsorship, together with volunteer and pro bono work. We seek always to honour this legacy and to foster a culture of active and contributing membership.

Your gift is tax deductible. We hope that you will consider giving a donation.

Donation amount	and frequency
My donation will be	\$AUD:
At frequency:	once-off weekly monthly annually
I authorise the As	ssociation to send me a reminder for my scheduled donation
I wish to be named as By ticking 'yes', you will be a Direct my contribu	acknowledged for your donation in our publications. Please select 'no', if you wish to remain anonymous.
Current building	rity and need at the time of my donation
Resident Memb	
	redevelopment
	redevelopmeni
Payment	
Payment amount	(this is the sum of the Membership fee and the Donation amount): \$AUD
Visa	Card Number
	Expiry Date / CSV
Mastercard	Cardholder Name
	Signature
	Financial Institution
Direct Debit	BSB
	Account Number
	Signature
Bank Transfer	Account Name: The Graduate Union of The University of Melbourne Inc. Bank: National Australia Bank Account Number: 515 612 137 Swift Code: NATAAU3303M Description: Your Surname or Group/Organisation
Upon completion of thi	s form, please send as email attachment to adminah@araduatehouse.com.au.or.post/

Upon completion of this form, please send as email attachment to admingh@graduatehouse.com.au or post/deliver to: Graduate House, 220 Leicester Street, Carlton VIC 3053, Australia