



**APPLICATION FOR MEMBERSHIP 2018-2019  
FRIENDS OF ANTIQUITY AND 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 Friends, The University of Queensland, St Lucia QLD 4072.

Alternatively, it may be scanned and sent as an email attachment to the Honorary Secretary at [alumni@alumnifriendsuq.com](mailto:alumni@alumnifriendsuq.com) or faxed to: 07 3365 1567

**MEMBERSHIP DETAILS (Please print clearly using black pen).**

Title			
Surname			
Given Name		Preferred First Name	

**CONTACT DETAILS (\*FOR ELECTRONIC COMMUNICATIONS INCLUDING NEWSLETTERS)**

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:**

	1	2	3	4
<b>Name</b>				
<b>Year of Academic Qualification</b>				
<b>Institution</b>				
<b>Award</b>				

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

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

**SUBSCRIPTION DETAILS**

**Alumni Friends Membership Subscription is required in order to join any Special Interest Group.**  
*(Select whichever box applies)*

<i>Ordinary membership:</i>	<b>\$38.50</b>	<input type="checkbox"/>
Student Membership:	\$19.25	<input type="checkbox"/>
Overseas Membership:	\$27.50	<input type="checkbox"/>
Joint Membership:	\$49.50	<input type="checkbox"/>
<b>Special Interest Group/Member Benefit Subscription:</b> <i>(Select whichever boxes apply)</i>		
Dentistry Alumni Membership:	\$16.50	<input type="checkbox"/>
<i>Friends of Antiquity (FOA) Membership:</i>	<b>\$16.50</b>	<input type="checkbox"/>
<i>UQ Student for FOA (Receiving NOVA only)- Student Number please:</i>	<b>\$ 5.50</b>	<input type="checkbox"/>
Medical Alumni Membership:	\$16.50	<input type="checkbox"/>
Veterinary Alumni Membership:	\$16.50	<input type="checkbox"/>
Three Score Club Membership:	<b>[Free with membership – please specify Yes/No]</b> <i>*If Yes, please provide email address on previous page</i>	<b>Yes/No</b> <input type="checkbox"/>
<b>TOTAL PAYMENT.....</b>	<b>\$</b>	

**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 number **07 3365 1567**

**SIGNATURE OF APPLICANT** \_\_\_\_\_ **Date** \_\_\_\_\_