



**APPLICATION FOR MEMBERSHIP 2018-2019
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.

The University of Queensland, QLD, 4072.

Alternatively, it may be scanned and sent as an email attachment to the Honorary Secretary at alumni@alumnifriendsuq.com , or fax number: 07 3365 1567. Enquiries: phone 07 3365 1562

MEMBERSHIP DETAILS (Please print clearly using black pen).

Title			
Surname			
Given Name		Preferred First Name	

CONTACT DETAILS

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 (JOINT):

	1	2
Name		
Year of Academic Qualification		
Institution		
Award		

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

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

