



## APPLICATION FOR MEMBERSHIP

I hereby apply for the membership of USQ Women's Network Inc	
Applicant Name:	
USQ Staff Member: (position title and faculty/department)	
Student Member (faculty/degree)	
Phone:	
Email address:	
Signature of Applicant:	
Date:	

Please forward to:

[Kim.Cahill@usq.edu.au](mailto:Kim.Cahill@usq.edu.au) or [Kym.Davis@usq.edu.au](mailto:Kym.Davis@usq.edu.au)