

Application for membership



Application for membership			
Name		Email address:	
USQ staff to complete:			
Position title:		Faculty/Division	
USQ students to complete:			
Degree:		Faculty:	
Supporting Women's Network members:			
Name:		Signature:	
Name:		Signature:	

I hereby apply for membership of the USQ Women's Network

Signed:

Date:

Please forward completed membership forms to USQwomensnetwork@usq.edu.au