



First Name: _____ Surname: _____

Address: _____

Phone No: _____

Email Address: _____

Reason for Joining: _____

How did you hear about us: _____

Must be members to sign below:

Nominating Member: Name: _____ Signature: _____

Seconder Members Name : _____ Signature: _____

Return or send form to:

In person: 1693 Logan Rd, Upper Mt Gravatt
Postal address: Mt Gravatt Community Centre
PO Box 806 Upper Mt Gravatt QLD 4122
By email: operations@mgcci.org.au
By fax: (07) 3849 8638



OFFICE USE ONLY **Date:** _____