|  |  |  |  |
| --- | --- | --- | --- |
| Date |       | [ ]  New Membership | [ ]  Renewal |
| First Name |       | Surname |       |
| Address |       |
| Home Phone |       | Mobile |       |
| Email Address |       |
| Reason for joining |       |
| How did you hear about MGCCI? |       |
| Would you like to join our mailing list? | [ ]  Yes | [ ]  No |
| Signature |  |
|  |
| **Existing members to sign FOR NEW MEMBERSHIPS ONLY:** |
| Nominating member name |       |
| Signature |  | Date |       |
| Seconder member name |       |
| Signature |  | Date |       |
| **Office Use** | Date accepted |       | [ ]  Membership Register updated |

**Please return this form to:**

In Person: 1693 Logan Rd, Mt Gravatt 4122

By Post: PO Box 806, Upper Mt Gravatt 4122

By Email: operations@mgcci.org.au

By Fax: 07 3849 8638