|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 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](mailto:operations@mgcci.org.au)

By Fax: 07 3849 8638