



Victorian ICT for Women Annual Membership Application: Unemployed

Name: _____

Address: _____

Telephone number: _____

Fax Number: _____

Email address: _____

Membership type: please circle Unemployed Metro Unemployed Regional/Rural

Please assist us to know our members better by providing the following information regarding your preferred employment industry sector and role.
(tick appropriate boxes)

Company Industry Sector

Consulting
Distribution
Education
Financial/Banking
Government
Hospitals/Health
Information Technology
Insurance
Manufacturing
Petroleum
Services
Telecommunications
Transportation
Utilities
Other – please state

Your Role

Application Architect
Applications Developer
Business Analyst
Change Management
CIO or Head of IT
Data Architect
Infrastructure Developer
Marketing/HR
Network/Communications
Project Management
Security
Team Leader
Technical Architect
Technical Specialist
Tester
Other – please state

Age group

Under 20	<input type="checkbox"/>
20 – 25	<input type="checkbox"/>
25 – 30	<input type="checkbox"/>
30 – 35	<input type="checkbox"/>
35 – 40	<input type="checkbox"/>
40 – 45	<input type="checkbox"/>
45 – 50	<input type="checkbox"/>
50 – 55	<input type="checkbox"/>
55 – 60	<input type="checkbox"/>
60+	<input type="checkbox"/>

Number of years in ICT	<input type="text"/>
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What is your motivation for joining Vic ICT for Women?

Please circle any of the programs you are interested in being involved with.

Mentoring Working Groups Scholarships Board Readiness Presenting at events Go Girl Go For IT

Age group

Under 20	<input type="checkbox"/>
20 - 25	<input type="checkbox"/>
25 - 30	<input type="checkbox"/>
30 - 35	<input type="checkbox"/>
35 - 40	<input type="checkbox"/>
40 - 45	<input type="checkbox"/>
45 - 50	<input type="checkbox"/>
50 - 55	<input type="checkbox"/>
55 - 60	<input type="checkbox"/>
60+	<input type="checkbox"/>

Type	Annual Cost (inc GST)	Rural/Regional
Unemployed	\$20	\$20

PAYMENT DETAILS:

Please find my CHEQUE enclosed for the amount of: \$ _____

OR

Please charge my credit card (circle card type):

VISA

MASTER CARD

BANK CARD

Name on Card: _____ Card Expiry Date: _____

CREDIT CARD NUMBER:

Total Amount: \$ _____ Signature: _____

Please return by post to **Vic ICT for Women, P.O. Box 4572 Melbourne 3001.**

A tax receipt and member pack will be sent via the address listed on the previous page.