



BRGHS Membership Application Form

Please complete information on this page. All information overleaf is optional.

SECTION A

Name: _____

Address:

Contact details:

Home phone: _____

Mobile: _____

E-mail: _____

Fax: _____

Membership type (tick appropriate box)

1. One year (renewable each October)*

\$12

(Conc.) \$10

*Memberships taken out March-September are valid until October of **following** year.

2. Three years (current for three years from date of joining)

\$30

(Conc.) \$25

Signature of applicant: _____

Date: _____

BOGGO ROAD GAOL HISTORICAL SOCIETY (INC.)

0432 554470

info@boggoroadgaol.com.au

www.boggoroadgaol.com.au

PO Box 6462 Fairfield Gardens QLD 4103



ABN: 18 549 430 493

IA: 32285

Established 2003

Patron: Senator Claire Moore

BOGGO ROAD GAOL HISTORICAL SOCIETY



QUEENSLAND'S LEADING PRISON HISTORY ORGANISATION

SECTION B (Optional)

How did you find out about the BRGHS?

Why did you decide to join?

Do you have any skills or interests that could be of assistance to the BRGHS?

SECTION C (BRGHS use only)

Membership proposed by: (NB - we can arrange proposers and seconders at a later date)

_____ Signature: _____

Membership seconded by:

_____ Signature: _____

Membership application discussed and voted on at BRGHS meeting on _____ (date)

Comments: _____

Signed: _____

Date: _____

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