

Q.G.B.O.T.A. MEMBERSHIP SUBSCRIPTION FORM

FAMILY MEMBERSHIP.....\$15.00 PER YEAR

SINGLE MEMBERSHIP.....\$10.00 PER YEAR .

NAME.....

ADDRESS.....

.....POSTCODE.....

STATE.....

NOMINATOR.....

SECONDER.....

SIGNATURE.....

PHONE (H)..... WORK.....

MOBILE.....

E.MAIL ADDRESS.....

DATE JOINED.....

DATE ACCEPTED AT COMMITTEE MEETING.....

PLEASE FORWARD TO SECRETARY

Q.G.B.O.T.A inc.
P.O.BOX 1064
CAPALABA 4157