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**APPLICATION FOR REGIONAL SUPPORT**

Name: ……………………………………………………………………………….….

Contact No: ……………………………………………………………..……………………

Email Address (please print): …………………………………@………………..…………

Signature of Applicant: ………………………………………………………

Please ask an Officer Bearer of your organisation to complete the following:

I, …………………………………………………...…………………….. (Name of Office Bearer)

confirm that ………………………………………………………………. (Name of Applicant)

is a member of ……………………………………...…………..……… (Name of Organisation)

I confirm that this organisation is a financial member of History Queensland Inc. and

I confirm that this organisation supports the application for Regional Support.

……………………………………………………………………………… (Signature)

Position: ………………………………………..…………………… (e.g. President, Secretary)

**Closing Date for applications: Friday 19 August 2022.**

Email – [secretaryhistoryqueensland.org.au](mailto:info@wavesintime2019.org.au)