



Application Form

Friends of Brighton Secondary School

Name: _____
Name at School: _____
Postal Address: _____
Suburb: _____
Postcode: _____ Email: _____
Phone [h]: _____ [w]: _____ [m]: _____

[Please tick]

- Yes** I would like to join Friends of Brighton Secondary School [\$20 full membership]
 I enclose a cheque [made payable to Brighton Secondary School] for the total payment of \$20.00
 I wish to pay the total payment by credit card

Visa Mastercard

Card Number: _____ Expiry Date: _____

Card Holder Name: _____ Signature: _____

SCHOOL ATTENDED

- Brighton Mawson High
 Brighton Boys Technical High Brighton Secondary School

Years Attended: _____

Brief summary of activities, work and family since leaving school. Photograph now and/or then, optional. (Sorry, photograph can not be returned.)

Please print this form, complete and return with payment to
Brighton Secondary School, 305 Brighton Road, North Brighton SA 5048

