

MEMBERSHIP APPLICATION

I hereby apply to become a member of the Central Coast Mentoring Network Inc.

First/Second Name:

Surname:

Residential Address:

.....**Postcode**

Email Address:

Phone Number: **(mobile)**.....**(home)**.....

Membership Year: 1st July 2018 to 30 June 2019

Annual Membership Fee \$10.00

Please pay by:

A deposit or bank transfer to Bendigo Bank, BSB 633-108 Account 1644 94833

Make sure to include you name on the transfer.

Email your application to Graham Hosking gmhosking@gmail.com