



GIFTED SUPPORT NETWORK Inc.
 P.O. Box 2808
 CHELTENHAM VIC 3192
 www.giftedsupport.org
 admin@giftedsupport.org

Application for Membership of Gifted Support Network Inc.

MOTHER/GUARDIAN: Given Name: _____ Surname: _____

FATHER/GUARDIAN: Given Name: _____ Surname: _____

ADDRESS: _____

SUBURB _____ POST CODE _____

HOME PHONE NO: _____ MOBILE NO: _____

EMAIL: _____

I agree to GSN emailing newsletters, notices of meetings & other GSN related correspondence to this email address

CHILDREN:

Name: _____ Date of Birth: _____ School: _____

Name: _____ Date of Birth: _____ School: _____

Name: _____ Date of Birth: _____ School: _____

Name: _____ Date of Birth: _____ School: _____

ENTRANCE FEE:

\$25.00 Entrance fee - Lifetime membership

PAYMENT:

Cheques to be made payable to "Gifted Support Network Inc."

CASH OR CHEQUE AT ANY MEETING OR

CHEQUES CAN BE MAILED TO:

Gifted Support Network Inc.

P.O. Box 2808

CHELTENHAM VIC 3192

THANK YOU FOR YOUR SUPPORT.

Office Use:

RECEIPT NO. _____ DATE _____ Date entered on database: _____