

FRIENDS NETWORK AFFILIATION DETAILS

NAME OF GROUP

.....

MELWAY REFERENCE (or location)

NAME OF CONTACT PERSON

Address

..... Postcode

Phone (H) (B) Mobile

Fax E-mail

NETWORK NEWSLETTERS TO BE FORWARDED BY: Mail / E-mail (circle one)

IF GROUP HAS WEB PAGE, GIVE WEB ADDRESS

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IS GROUP INCORPORATED? yes / no

NUMBER OF MEMBERS

MANAGEMENT AUTHORITY MUNICIPALITY

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DOES THE GROUP MEET THE CRITERIA FOR AFFILIATION WITH THE NETWORK? yes / no

PLEASE STATE (OR ATTACH) THE OBJECTIVES OF THE GROUP

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WHEN WAS THE GROUP FORMED?

DOES THE GROUP PRODUCE A NEWSLETTER? yes / no

If yes, at what frequency?

DOES THE GROUP HOLD PROJECT DAYS ON A FIXED DAY(S)? yes / no

If yes, when?.....

I consent to the above information (including my address etc. as group contact) being publicised.

Signed Date
(Contact Person)

Forward to:

***Friends Network Committee
c/o VNPA
60 Leicester St
Carlton 3053***