



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: _____

MEMBERSHIP FEE:

\$25.00 - 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

Bank Transfer Details	Account Name:	Gifted Support Network
	BSB:	633-000
	Account number:	144 112 893

Please type your name in the reference area of the transaction, and send an email to admin@giftedsupport.org, advising us of your payment.

THANK YOU FOR YOUR SUPPORT.

Office Use:

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