



Your Name:.....

Date:.....

Agency / Team Name:.....

Agency / Team Address:.....

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Agency / Team Phone Number:.....

Contact email address for Network Mosaic events & news:

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Can we pass on your name and email address to other Network Mosaic members: yes/no

Specific issues you would like the network to discuss/address:

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Topics for quarterly training you would like us to source:

.....

.....

\$30 annual membership fee included

Please make cheque out to SF (Auckland) Inc and post to:

PO Box 78122, Grey Lynn, Auckland, 1245

Email: SFAuckland.org.nz

We need your support to raise awareness of children, families and whanau affected by mental illness and addictions www.sfauckland.org.nz