




Expression of Interest form for SASSI

Name: _____

Date of Birth: _____

Email address: _____

Home Address: _____

Place of Work: _____

Position: _____

Home phone: _____

Work phone: _____

Mobile phone: _____

How did you find out about SASSI? _____

Why you would like to join the SASSI team: _____



To apply, please send your application form by post to:

SASSI Director

Life Changing Experiences Foundation

PO Box 530

Vaucluse NSW 2030

Or fax 02 9388 8730

