



EXPRESSIONS OF INTEREST

Riverina ANZAC Centenary Local Grants Committee

NAME _____

ADDRESS _____

TOWN/SUBURB _____ POSTCODE _____

PHONE (H) () _____ MOBILE _____ WORK () _____

FAX () _____ EMAIL _____

Applicants should highlight in 100 words or less their background and reasons for wanting to join the committee.

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SIGNED _____ DATE _____