



Mentornet

The Learning Experience of Your Life...

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APPLICATION FOR MEMBERSHIP TO THE MENTORING NETWORK

Title, initials and surname: _____

Organisation / Company: _____

Capacity under which the order is placed: _____

Postal address: _____

_____ Code: _____

Physical address: _____

_____ Code: _____

E-mail address: _____

Telephone number: _____

Fax number: _____

I have read, understood and accept the Terms of Agreement for becoming a member of The Mentoring Network.

Signature: Applicant

Date

I, Dr J.P. Nel, MD of Mentornet (Pty) Ltd, hereby accept the application of

to become a member of The Mentoring Network.

Signature: MD Mentornet

Date

Mentornet's bank account details are as follows: Standard Bank Group, Business Cheque Account, Account number: 410 400 475, Branch: Centurion, Branch code: 012 645.