

# APPLICATION FOR PEN PAL PROGRAM

## Applicant's Declaration (Applicant's Details)

Title: \_\_\_\_\_

Full family name (no initials):

\_\_\_\_\_

Full first name/s (no initials):

\_\_\_\_\_

Address:

\_\_\_\_\_

Phone (business):

Mobile:

Fax:

\_\_\_\_\_

E-mail address:

\_\_\_\_\_

Brief Description about you to share with your pen pal to commence letter writing process:

Please return this form by:

- **Email:** [communityservices@strathfield.nsw.gov.au](mailto:communityservices@strathfield.nsw.gov.au)
- **Post to:** PO Box 120, Strathfield NSW 2135
- **Customer Service:** 65 Homebush Road, Strathfield
- **Strathfield Library & Innovation Hub:** 65-67 Rochester Street, Homebush