

  
**Can Assist**  
CANCER ASSISTANCE NETWORK  
Cancer Patients Assistance Society of New South Wales  
**Volunteer Badge**


**Branch**.....  
**ID#** .....  
**Valid From**..... **To**.....  
 Authorised by Branch Office Bearer.....  
 (Signature)  
**Name** .....  
 ABN 76 000 412 715  
 Suite 2, Level 3, 92 Pitt St Sydney NSW 2000  
 Ph: 02 9216 9400 Fax: 02 9223 9528

  
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