



The Management Practice
133 Alexander Street
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HomeNet Member Registration

TO:	The Management Practice		
FAX NO:	02-9439 2738		
FROM:	(Name & Mailing Address)	TEL:	(Optional)
EMAIL ADDR:			
SIGNATURE:			
REGARDING:	Request for HomeNet Registration with The Management Practice		
AMS PURCHASE DATE: RECEIPT OR REFERENCE #:	PAGES:	1	

(Please provide your Name, Address, Telephone Number, and Email address in space above.)

Upon your receipt of this request I authorise The Management Practice to register me as a user of Action Management for your Household and to provide me with access to the Members area of www.homenet.com.au

When I am issued with a Username and Password, I agree to keep this information confidential and I will not provide these details to any other person for their use.

I authorise my email address to only be used by The Management Practice for the purpose of communicating with me on subjects relating to the Action Management Systems and expressly forbid its use for any other purpose. My email address must not be provided to any person or company outside of The Management Practice.

(Please sign and date this application in the boxes above).

PLEASE FAX (or mail) TO THE MANAGEMENT PRACTICE