

Nimbin Neighbourhood and Information Centre

NNIC Website Health Practitioner Listings – Application Form

Name of Busine	ess/Service:			
Best contact pe	erson (full name):			
Location of Bus	siness/Service:			
Hours of Opera	ition:			
Price details:				
How to make a	ppointments?			
Web Site:				
Email Address:			Phone:	
Any other info?	?			
☐ I agree that I will be responsible for the currency and accuracy of my info on NNIC's website, and I will notify NNIC of any changes or updates. (Please tick OR click to check.)				
Signed:				
Dated:				