



GUMALA ABORIGINAL CORPORATION

1.0

HEALTH & WELLBEING

Application Form

NAME: _____

ADDRESS: _____

DOB: ____ / ____ / ____ **MOBILE:** _____ **HOME:** _____

FAX: _____ **EMAIL:** _____

Language Group: Banyjima Innawonga Nyiyaparli

FUNDS REQUESTED:

ITEM	AMOUNT
TOTAL	\$

SUPPLIER DETAILS:

COMPANY NAME	PHONE #	FAX #

Ask supplier their preferred payment method *(for new suppliers only)*

Bpay
 Credit Card
 Direct Deposit
 Account

Please Note:

Your application will be processed within 7 days once all paperwork has been received, food/fuel vouchers can take up to 2 days.

Signature: _____ **Date:** _____

Forward completed applications to: **Fax:** 08 9188 1846 **Email:** gac@gumala.com.au

Office Use Only

Date received: _____	By: _____
Comments: _____	
Date processed: _____	By: _____
Comments: _____	