



GUMALA ABORIGINAL CORPORATION

2.0

MEDICAL PROGRAM

Application Form

NAME: _____

ADDRESS: _____

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

FAX: _____ EMAIL: _____

Language Group: Banyjima Innawonga Nyiyaparli

FUNDS REQUESTED:

ITEM	AMOUNT
TOTAL	\$

Have you received help or contributions towards this request from anyone else?
(e.g. IBN, MIB, other organisations, Personal contribution, etc) YES NO

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: _____	