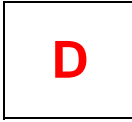




# GUMALA ABORIGINAL CORPORATION



## ST JOHN AMBULANCE

### Application Form

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

DOB: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ MOBILE: \_\_\_\_\_ HOME: \_\_\_\_\_

FAX: \_\_\_\_\_ EMAIL: \_\_\_\_\_

Language Group: Banyjima  Innawonga  Nyiyaparli

SINGLE MEMBERSHIP  (Covers this Member only)

DOUBLE MEMBERSHIP  (Covers the Member, Spouse and their children under the age of 18 years old)

Member: \_\_\_\_\_ DOB: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
(Full Name)

Spouse: \_\_\_\_\_ DOB: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
(Full Name)

Child 1: \_\_\_\_\_ DOB: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
(Full Name)

Child 2: \_\_\_\_\_ DOB: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
(Full Name)

Child 3: \_\_\_\_\_ DOB: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
(Full Name)

Child 4: \_\_\_\_\_ DOB: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
(Full Name)

Child 5: \_\_\_\_\_ DOB: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
(Full Name)

Child 6: \_\_\_\_\_ DOB: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
(Full Name)

PLEASE NOTE: Children should be registered with the Education Unit.

A Birth Certificate is required for all children, if you do not have one the Education Unit can assist with this.

Should the Member have more than 6 children please attach details.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Forward completed applications to: Fax: 08 9188 1846 Email: [gac@gumala.com.au](mailto:gac@gumala.com.au)

#### Office Use Only

Date received: \_\_\_\_\_ By: \_\_\_\_\_

Comments: \_\_\_\_\_

Date processed: \_\_\_\_\_ By: \_\_\_\_\_

Comments: \_\_\_\_\_

Gumala Aboriginal Corporation, PO Box 61, TOM PRICE WA 6751  
PH: 1800 486 252 (1800 GUM ALA) FAX: 08 9188 1846 EMAIL: [gac@gumala.com.au](mailto:gac@gumala.com.au)