



18.0

GUMALA ABORIGINAL CORPORATION

PERSONAL INFORMATION & CHANGE OF ADDRESS

FAMILY NAME:		FIRST NAME:		MIDDLE NAME:	
RESIDENTIAL ADDRESS:					POST CODE:
POSTAL ADDRESS:					POST CODE:
DOB: _____ / _____ / _____	MOBILE:		HOME:		
WORK:	FAX:		EMAIL:		
Language Group:	Banyjima	<input type="checkbox"/>	Innawonga	<input type="checkbox"/>	Niyaparli
SIGNATURE OF MEMBER:					DATE: _____ / _____ / _____

Please complete ALL fields then sign and date before returning

BANKING UPDATE FORM

NAME OF BANKING INSTITUTION (e.g. Westpac, Commonwealth, etc):	
NAME ON ACCOUNT (e.g. persons name):	
BSB NUMBER:	ACCOUNT NUMBER:
SIGNATURE OF ACCOUNT HOLDER:	
DATE: _____ / _____ / _____	

Please complete ALL fields then sign and date before returning

Office Use Only

Date received:	_____	By:	_____
Date Entered:	_____	By:	_____
Date Accounts Entered:	_____	By:	_____