



# GUMALA ABORIGINAL CORPORATION

LOT 1 STADIUM ROAD  
PO BOX 61 TOM PRICE WA 6751

Dear Member

**Re: St John Ambulance - Membership Cover for 2009 / 2010**

Gumala has negotiated an agreement with St John Ambulance WA Inc, whereby GAC pays the annual subscriptions for all our registered members, which covers the costs associated in using an Ambulance.

To register for the St John Ambulance Membership Cover for 2009/2010 - you need to fill out the attached form and post or fax back to the GAC Office.

*Please Note*

- A Gumala Member residing outside WA will not be covered under this agreement.
- Those members will need to contact the office & we can arrange membership cover with St John in the State you live in.
- If you do not reply to this letter (in writing) - you will not be covered by St John Ambulance.
- If you require Family Cover & have children - please make sure their details are filled out correctly as the membership only covers children under the age of 18 yrs.

Should you have any queries, please contact Liz on 1800 486 252 or 9188 1845.

Yours sincerely,

Liz Diver

*Member Services Team Leader*



# GUMALA ABORIGINAL CORPORATION

## ST JOHN AMBULANCE COVER

Please complete and return this form to ensure you and your family have the correct cover.

**Single Membership**

Cover for 1 Adult (*over the age of 18*)

Name: \_\_\_\_\_

DOB: \_\_\_/\_\_\_/\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

**OR**

**Family Membership**

Cover for 2 Adults & Children (*under the age of 18*)

Address: \_\_\_\_\_

\_\_\_\_\_

Name: \_\_\_\_\_

DOB: \_\_\_/\_\_\_/\_\_\_

Name: \_\_\_\_\_

DOB: \_\_\_/\_\_\_/\_\_\_

Name: \_\_\_\_\_

DOB: \_\_\_/\_\_\_/\_\_\_

Name: \_\_\_\_\_

DOB: \_\_\_/\_\_\_/\_\_\_

Name: \_\_\_\_\_

DOB: \_\_\_/\_\_\_/\_\_\_

Name: \_\_\_\_\_

DOB: \_\_\_/\_\_\_/\_\_\_

I give permission for Gumala Aboriginal Corporation to act on my behalf in negotiations with St John Ambulance Fund.

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

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

PLEASE NOTE: IF AN ACCOUNT FOR AMBULANCE TRANSPORT IS RECEIVED

PLEASE WRITE YOUR MEMBERSHIP NUMBER ON THE ACCOUNT AND

FAX TO 9334 1400.

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1. Conditions:

a. NO AUTHORISATION NECESSARY:

EMERGENCY: People who are seriously ill or severely injured due to accident or illness.

b. AUTHORISATION NECESSARY – MEDICAL PRACTITIONER TO CERTIFY SPECIFIC NEED FOR AMBULANCE.

NON-EMERGENCY: People who need medical / surgical / convalescent stretcher transport.

ELECTIVE: People needing the care or skills of an ambulance officer in transit and for whom no other form of transport is medically appropriate.

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2. The AMBULANCE BENEFIT FUND

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3. Member is not transferable or refundable.

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4. This service reserves the right to claim fees under 3<sup>rd</sup> Party Insurance, Worker's Compensation or any other Statutory Authority.

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5. Renewal notices are posted out approx. 1 month prior to expiry date. The responsibility rests with the Member to ensure that the contribution is paid by the due date.

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6. The service reserves the right to cancel membership, or refuse yearly renewal of membership if the subscriber is found to be abusing the fund by misuse or unauthorised transport.

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7. The subscription coverage is restricted to ambulance transport provided by St John Ambulance in Western Australia and ambulance services in other States who have a reciprocal arrangement in place with St John Ambulance in Western Australia.

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8. QUALIFYING PERIOD 7 DAYS

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9. A MEMBER IS DEEMED UNFINANCIAL IMMEDIATELY FOLLOWING THE EXPIRY DATE.