MEDICAL FUND APPLICATION FORM

TOTAL AMOUNT YOU CAN APPLY FOR IS $330 PER FINANCIAL YEAR

FIRST NAME: _____

MIDDLE NAME: _____

SURNAME: _____

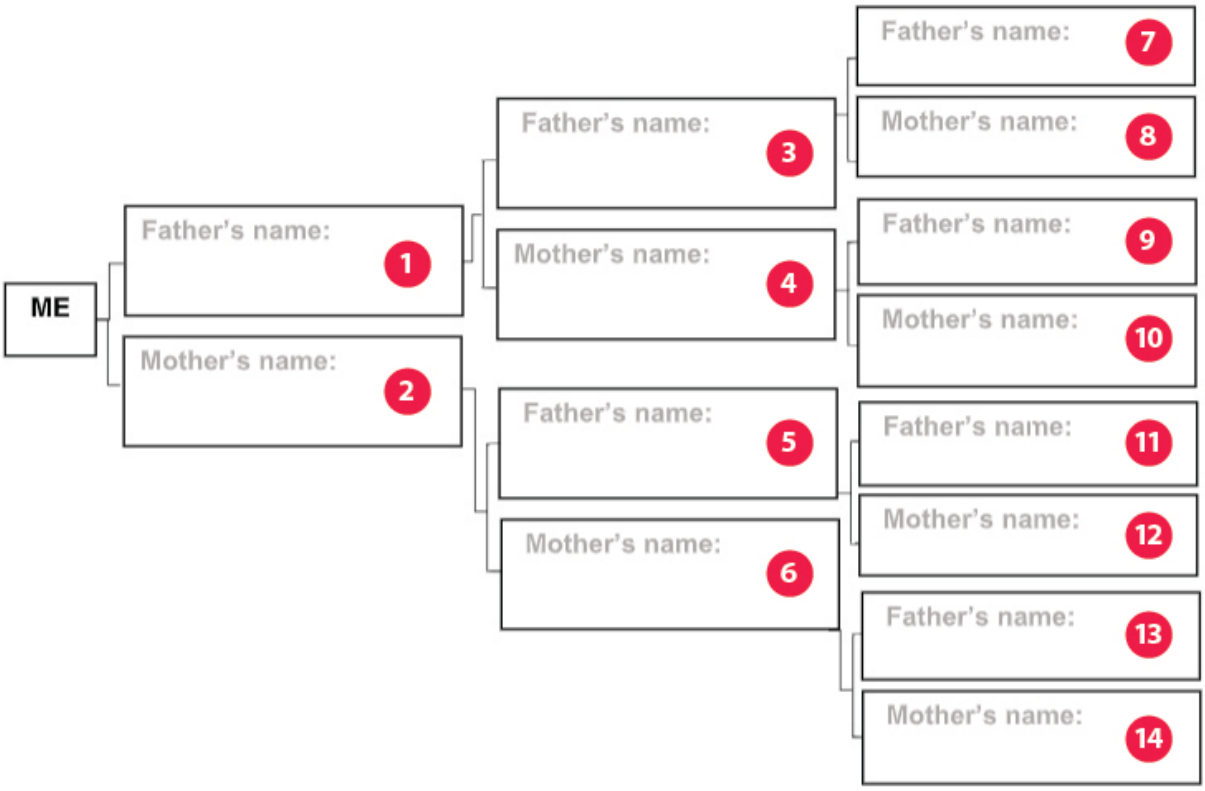
DATE OF BIRTH: _____

STREET: _____

SUBURB: _____ POSTCODE: _____

EMAIL: _____

MOBILE: _____



Application Declaration –

I have read and understand the Policy and I declare all information supplied to be true and correct.

Signature: _____ *Date:* _____

For any application enquiries please contact the office on 08 9997 3444 or email members@wajarri.com.au

Meenangu Wajarri Aboriginal Corporation (ICN 7878)

Engaging, empowering and investing in Wajarri Yamatji People's future