

MEDICAL FUND APPLICATION FORM



TOTAL AMOUNT OF FUNDING IS \$330 PER FINANCIAL YEAR

FIRST NAME: _____

MIDDLE NAME: _____

SURNAME: _____

DATE OF BIRTH: _____

STREET: _____

SUBURB: _____ POSTCODE: _____

EMAIL: _____

MOBILE: _____

A family tree diagram starting from a box labeled "ME". It branches into two paths: one for the applicant's father (1) and mother (2), and another for the applicant's mother (2) and her father (3) and mother (4). This structure continues to show the names of grandparents and great-grandparents up to four generations, with boxes for "Father's name" and "Mother's name" numbered 1 through 14.

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

Wajarri Yamaji Aboriginal Corporation (ICN 7878)
Engaging, empowering and investing in Wajarri Yamaji People's future