

## **GUMALA ABORIGINAL CORPORATION**

## CHRISTMAS 2018 GIFT CARD APPLICATION FORM



	Members Name:		
7			
	Address:		
DOB:/	/ PHONE:	EM <i>A</i>	AIL:
		provide a phone number to be contacted by GAC about this application	
		<u></u>	<u></u>
Language Group:	Banyjima	Innawonga	Nyiyaparli
Diago en	***	<u>IMPORTANT</u>	auld like your gift oard oont to
Please en	-	very address of the place you wo e sent via registered post in Dec	, ,
If you are located	_	Post does not deliver to, please	ensure you list a valid PO Box or C/O
		address.	
	Address	for Gift Card Delivery	
Street Address:			
Suburb:			
Suburb.			
State:		Postcode:	
Oit Cond Ontions		lee Weekweet	ul
Gift Card Option: (Please clearly mark <u>ONE</u> only)		eles Woolwort	ins
	IGA	Other:	
1. The gift cards	s will be for groceries only an	Terms & Conditions: d will have restrictions around the	purchasing of cigarettes and alcohol.
2. Christma	as gift cards must be applied	for, and only one per Member / ad	ult beneficiary will be authorised.
		t in December 2018 to the address or stolen cards. Be mindful of the a	nominated on the applicant's form.  Iddress you nominate for delivery.
		nit your application form, you will ne	eed to contact GAC to update your delivery
	5. Addresses ca	address. annot be changed after 23 Novemb	per 2018.
	6. The cut off for applications	for this program will be strictly 5pn	n, 23 November 2018.
7. Applications will on	ly be accepted if they are ser	nt to GAC directly, including if they mistake.	are inadvertantly sent to the wrong Trust by
	8. Strictly no applica	tions will be accepted after 23 Nov	rember 2018.
Signature:			Date:
OFFICE USE ONLY:			
Date Application Reviewed:	1 1		
Notes:			

HEAD OFFICE - 1 Stadium Road, Tom Price, WA 6751 | POSTAL ADDRESS - PO Box 3167, East Perth, WA 6892