

GUMALA ABORIGINAL CORPORATION 2024-25 MEMBER SPONSORSHIP APPLICATION FORM



Language Group: Banjima Yinhawangka Nyiyaparli If this request is for a child, please provide their information below: Child's Name:	Phone: Email:	
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Language Group: Banjima Yinhawangka Nyiyaparli If this request is for a child, please provide their information below: Child's Name:		
Child's Name:		wangka Nyiyaparli
School name (if request is school related): Language Group: Banjima Yinhawangka Nyiyaparli Section 2 – Category Please select the category that fits the closest with your request. Education and Training Health and Wellbeing Cultural Purposes Community Development Other: Section 3 – Summary of Request	If this request is for a child, please provide their informat	cion below:
School name (if request is school related): Language Group: Banjima Yinhawangka Nyiyaparli Section 2 – Category Please select the category that fits the closest with your request. Education and Training Health and Wellbeing Cultural Purposes Community Development Other: Section 3 – Summary of Request	Child's Name:	DOB:
Language Group: Banjima Yinhawangka Nyiyaparli Section 2 – Category Please select the category that fits the closest with your request. Education and Training Health and Wellbeing Cultural Purposes Community Development Other: Section 3 – Summary of Request	Address:	
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	Please select the category that fits the closest with your request. Education and Training Health and Wellbein Community Development Other: Section 3 – Summary of Request	ng Cultural Purposes

Please describe how this request	will benefit you or your family, a	nd the reasons behind your req	uest.
Section 5 – Goods / Services			
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