

To: Adnyamathanha Master Trust

Name _____ Date of Birth / /

Address _____

_____ Post Code _____

I am Adnyamathanha

I am not Adnyamathanha but children in my care are Adnyamathanha.

Delete one of the above as required

Children in my care who are under the age of 18

Name _____ Date of Birth / /

Name _____ Date of Birth / /

Name _____ Date of Birth / /

Name _____ Date of Birth / /

Name _____ Date of Birth / /

Name _____ Date of Birth / /

Name _____ Date of Birth / /

Name _____ Date of Birth / /

Office Use Only
Mem No:

I authorise you to pay my compensation money
and that of the children in my care listed above to ATLA 1

Sign _____ Date / /

Please return the form to your group leader

NOTE:- * Anyone over the age of 18 must fill in their own form
* This form must be accompanied by ID

Acceptable ID is any one of:-

* Driver Licence

* MediCare Card

* Health Care Card

* Govt Issued Card showing your name

Take a photo of your ID and attach it to this form