

Elders Application Form



**AMYAC Charitable
Trust**

① AM-YAC Member Name

② Date of Birth

③ Mobile Number

④ Email Address

⑤ Home/Postal Address

⑥ How do you prefer to be contacted?

Phone Email Post

⑦ Assistance Request Details?

⑧ I confirm I have attached the **required information as requested above**. I declare that the above details are true and correct. I agree to the information in this form being shared with the Advisory Council members of the AM-YAC Charitable Trust if required for the application approval process.

Signed

Date

Please send completed form and documents to:

Email: trust@amyac.com.au

Fax: (08) 8363 3939