

## AM-YAC INDIGENOUS COMMUNITY TRUST

Email: <u>trust@amyac.com.au</u> Fax: (08) 8363 3939 Phone: (08) 8349 0830

## AM-YAC MEMBERS – AGM ASSISTANCE FORM

This form should be completed to request assistance to attend the Annual General Meeting held on  $13^{th} - 15^{th}$ November 2024 at the AMYAC Office in Coober Pedy.

Members requesting assistance to attend the AGM and not sign in without a valid reason will incur a debt and be placed on the Poor Conduct Register. This debt will also be recovered from future AGM Assistance applications.

'Member tjuntangku alpaku tjapini AGM-aku munu in tjunkunytja wiya miitingangka, kulinma tiiki piruku palyalku, waltjanku. Palu ini walkatjunama miitingaka wiru ngarakatinytjaku panya ngula.'

EMAIL COMPLETED FORMS TO: <u>trust@amyac.com.au</u> BEFORE 4PM 23<sup>rd</sup> October 2024 Applications received after the deadline will be declined.

Name:		
Address:		
Contact Nu	mber:	- 31
Email Addr	ess:	
Where are y	you travelling from?	
Assistance	required (please tick):	
Please tick I	-	Card
🗆 Bus Ticke	et - concession number (if applicable):	
	Dependent Children (name & age):	
	La la	
	Gift card (no tobacco, no alcohol) of \$200 to p om the AMYAC corporation the day before the	urchase food during the AGM will be available for meeting or on sign in.
Accommoda	tion – AM-YAC members are to book and pay	for their own accommodation. Reimbursement for a max.
of four nights	accommodation at a maximum of \$200/night	by providing a receipt to the Executive Office. The name
on the receip	t needs to match with the AMYAC member and	the bank details to be reimbursed. Reimbursement will

be processed within 3-4 working days of receiving receipt and bank account details.