

## COMMUNITY PROGRAM 1:

### MEMBER ADVOCAY AND ADVICE

5.1 FINANCIAL AND LEGAL ADVICE FEES

5.2 FURTHER LEGAL COSTS

IBN Member's Full Name:

Membership Number:

Date of Birth:

Registered Home Address:

Phone:

Email Address:

Language Group:

Yinhawangka

Banyjima

Niyaparli

Name of Lawyer:

Name of Legal Firm:

Phone Number:

Address:

Email:

Description of Item:


Name of Supplier:


Amount:

\$
\$
\$
\$
\$

Total

**Comments:**

I declare that the information I have provided in this form is true and correct, and the benefits requested are for my own use.

I agree that IBN may share my information with other organisations for application assessment purposes.

Signature:

Date:

#### Need Help Contact IBN:

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