WESTERN AUSTRALIAN MEDIA SECTION COMMITTEE BENEVOLENT FUND

Application for Assistance

*All applications are treated in the strictest of confidence.

NAME:			
OCCUPATION:			
WORKPLACE:			
ADDRESS:			
EMAIL:			
PHONE:			
MEAA #:			
ANAOLINIT OF AS	SISTANCE DECLIDED.		
AMOUNT OF ASSISTANCE REQUIRED:			
(attach account	s to be paid)		
REASON FOR REQUEST:			
WHAT ARRANGEMENTS CAN YOU MAKE FOR THE RE-PAYMENT OF A LOAN (can you make monthly or lump sum repayments? - see loan agreement form attached			
Signature:		Date:	

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LOAN AGREEMENT FORM

This is to acknowledge that I have received from the sum of \$as an interest free loa	n the WA Media Section Committee Benevolent Fund n.
I agree to repay the amount of this loan in the f	ollowing terms –
• as a lump payment by (insert date)	
By monthly instalments of \$	commencing on
 Specify other arrangements 	
Signed:	Date:
Return to: WA Media Section Committee Bene	volent Fund
Attention: Regional Director, WA	
C/- Media Entertainment and Arts Alliance,	
Suite 1, 12-14 Thelma Street, West Perth 6005	