



BMC Group Grant Application

This form is to be completed by the representative of the Group

Section 1: Representative details

First Name Last Name

Date of Birth

Position/Title within the Group/Organisation

Signed Date

Section 2: Group details

Name of Group

Street

Suburb

State Post Code

Phone (H) Phone (M)

E-mail:

Section 3 : Assistance

Assistance Required:

Section 4: Financial Details

Have you previously received assistance from the BMC?

Yes No

If Yes, give details

Have you approached other sources for financial assistance?

Yes No

If Yes, give details

Please print and post hard copy to: Grants Committee
PO Box 750 Griffith NSW 2680