## Australian Campdraft Association Inc.

ACA

ABN 33 767 694 241

CAMPDRAFTONE

PO Box 18189 CLIFFORD GARDENS QLD 4350 P 07 4622 3110 E aca@campdraft.com.au

## **Medical Services Provider Confirmation Form**

|                          | confirms that our organisation:  Organisation Name  |
|--------------------------|---|
| Has read and u           | nderstands the <i>Medical Services Policy, Version 2.01,</i> and  |
| -                        | vices to ACA and it's affiliated committees, meets ACA's minimum requirements as set out in edical Services Policy, Version 2.01. |
| This form is val signed. | id until the end of the ACA Financial Season (being 31 December each year), in which it is  |
| Signed:                  |   |
| Name:                    |   |
| Position:                |   |
| Company:                 |   |
| Date:                    |   |