



# Retired Ambulance Association of Victoria Incorporated

ABN: 77 829 511 359  
Registered Number: A00214235

## Application for Membership

I, the undersigned, hereby apply for membership of the Retired Ambulance Association of Victoria Incorporated.

Prefix	Mr, Mrs, Ms, Dr. Other (                      )                      (Please Circle)		
First Names			
Last Name			
Residential Address			
		Postcode	
Postal Address			
		Postcode	
Date of Birth			
Home Phone			
Mobile Phone			
Email			
Period of Service			
Date of Retirement			
Name of Spouse / Partner			
Shirt Size (Small to 5XL)			

### Privacy Statement:

The information contained in this application will be treated in accordance with the provisions of the Privacy Policy of the Association. A copy of our privacy policy is available on our website.

The Register of Members is held by the Secretary. It contains all relevant membership details to allow the Association to communicate with members by letter, email or telephone to keep you fully informed of the Association's activities.

If you wish to have your details withheld from other members' enquiries, and not handled in accordance with the privacy policy, please contact the Secretary.



