



Retired Ambulance Association of Victoria Incorporated

ABN: 77 829 511 359
Registered Number: A00214235

Attach Photo
Please
(Passport
Style)

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.

RETIREED AMBULANCE VICTORIA



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PLEASE NOTE: Send this form together with payment, or proof of payment to:

The Secretary
Retired Ambulance Association of Victoria Inc.
Unit 2 / 20 Brooks Street
BENTLEIGH EAST VICTORIA 3165

Association Fees:

The annual membership fee is \$10.00 which covers the year 1st July to 30th June the following year.

Payment of Fees:

Fees must be paid ASAP to ensure membership continuity. New members' fees must be included with your application. If joining after 30th March you will receive membership through to the end of the next financial year (i.e. up to 15 months).

Methods of Payment:

Cheque: made out to "The Retired Ambulance Association Inc." and posted to the Secretary with this form.

Electronic Funds Transfer (EFT) using online banking
Account Name: Retired Ambulance Association Victoria
BSB: 063109
Account Number: 00921958.
Reference: Enter your Surname in the reference column please.

Bank Deposit in Person: Fill out a deposit slip at your Branch with the above account details but please ensure you include your Surname as a reference on the deposit slip and forward it along with the completed application to the Secretary.

Any enquiries regarding membership should be directed to Ian Cameron on 03 8503 7945,
Mobile 0435 010 943 or email: raav.secretary@gmail.com

Please attach one only passport size photo or similar photo for your Membership Card.

Signed: Date:

Office use only

Membership Number	Date	Membership Officer	Secretary	Data Base	Newsletter Editor	Peer Support
	Signature					

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