



Retired Ambulance Association Victoria Incorporated

ABN: 77 829 511 359

Number A0021423S

Application for Membership

Title	Mr. Mrs. Ms. Dr. (Please Circle)	Other			
First Name					
Middle					
Last Surname					
Date of Birth					
Home Phone					
Mobile					
Email					
Name Spouse / Partner					
Residential Address	Street				
	Suburb		State		Post Code
Residential & Postal address the same, check box.					
Postal Address	Address				
	Suburb		State		Post Code

Employment Status

Full time Employment	Ambulance		Role		
	Other		Role		
Transition to Retirement	Planned Retirement Date				
Date of Retirement	Date:				
Period of Service					

Please attach a passport style photo, a "selfie" is acceptable.

Association Fees

- The annual membership fee is \$30.00 per year. 1 July to 30 June.
- New members' fees must be paid at time of application.
- If joining after 30th March, membership is until June 30 through to the end of the next financial year.

Electronic Payment Details.

Bank:	Commonwealth Bank
Account Name:	Retired Ambulance Assoc. VIC.
BSB:	063 109
Account Number	0092 1958
Reference	Your Surname

Privacy Statement:

The information contained in the application will be treated in accordance with the provisions of the Privacy Policy of the Association. A copy of the policy is available here click here ([RAAV-Privacy-Policy-2013](#))

Any enquiries regarding membership should be directed to Membership Officer, at
membership@retiredambulancevictoria.org.au

Application Form

Email scanned copy or completed PDF to Membership Officer: membership@retiredambulancevictoria.org.au	Or post directly to: RAAV Membership PO Box 83 Dromana VIC 3936
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Signed _____

Date _____

Checklist

Y/N

Form Completed	Copy kept for own records	
	Emailed or Posted to Membership Officer	
Payment Details	Surname References included	
	Proof of payment attached	
Passport Style Photo	Included/attached for RAAV records	

Office use only:	Member No					
	Membership Officer	Data Base & Mailer Lite	Secretary	Treasurer	Merchandise Officer	Welfare
Date						
Signature						