



# 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:          | Bendigo Bank                  |
| Account Name:  | Retired Ambulance Assoc. VIC. |
| BSB:           | 663 000                       |
| Account Number | 213 422 272                   |
| 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](mailto:membership@retiredambulancevictoria.org.au)

#### Application Form

|   |  |
|---|--|
| <b>Email scanned copy or completed PDF to Membership Officer:</b><br><a href="mailto:membership@retiredambulancevictoria.org.au">membership@retiredambulancevictoria.org.au</a> | <b>Or post directly to:</b><br>RAAV Membership<br>PO Box 83 Dromana VIC 3936 |
|---|--|

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        |                    |                         |           |           |                     |         |