



The Retired Ambulance Association Victoria Incorporated

ABN: 77 829 511 359

Number A00214235

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:	633 000
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 V2-2024](#))

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

Application Form

Email scanned copy or completed PDF to Membership Officer: membership@traavi.org.au	Or post directly to: TRAAVI 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						