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|--|---------------|
| Name | |
| Address | |
| Mailing Address (if different) | |
| Home Phone | Mobile |
| Work Phone | Fax |
| E-mail Address: | |
| To which Volunteer unit do you belong? (if applicable) | |
| If this is a renewal, what is your membership number? | |
| I am: <input type="checkbox"/> applying for membership of the Volunteer Ambulance Officers Association of Tasmania Incorporated <input type="checkbox"/> renewing my | |
| Signature: | Date: |

Payment Method

| | | |
|--|---|---|
| I am paying the \$10.00 annual membership fee: | | |
| <input type="checkbox"/> by Direct Deposit | <input type="checkbox"/> Online | <input type="checkbox"/> by Cheque |
| Please use your Full Name or VAOAT Membership Number for the Transaction Reference MyState Credit Union BSB Number: 807-009 Account Number: 51397872 | I will pay online via the Association's website and email a copy of your receipt to treasurer@tasmanianambulancevolunteers.asn.au Please note due to the associated costs we must charge a small fee for online payments. | I am enclosing a cheque payable to The Volunteer Ambulance Officers Association of Tasmania Inc. with this form. |

| | |
|--------------------------|-------------|
| (Office Use Only) | |
| Membership No: | Receipt No: |

PLEASE RETURN THIS FORM TO THE TREASURER



Lesley Green
74 Hookey Street
Rokeby 7019