



Application for Membership

Name	
Address	
Mailing Address (if different)	
Home Phone	Mobile
Work Phone	Fax
E-mail Address: <input type="checkbox"/> EMAIL PRIVACY - please do <u>not</u> contact me by email (check box if we should <u>not</u> communicate with you via email)	
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 \$15.00 annual membership fee:		
<input type="checkbox"/> by Direct Deposit		<input type="checkbox"/> by Cheque
Please use your Full Name or VAOAT Membership Number for the Transaction Reference Bendigo Port Sorell Community Bank BSB Number: 633-000 Account Number: 1548-29733	<hr/>	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



Margaret Chilcott
6 Denison Avenue
Poatina 7302

- or scan completed form and email to
treasurer@tasmanianambulancevolunteers.asn.au