



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 not contact me by email (check box if we should not communicate with you via email)	
To which Volunteer unit do you belong? (if applicable)	
If this is a renewal, what is your membership number? It is your responsibility to renew your subscription. Subscriptions are due on 1st October yearly.	
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"/> 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		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. TAS 7302

- or scan completed form and email to

treasurer@tasmanianambulancevolunteers.asn.au