



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

## Payment Method

I am paying the \$10.00 annual membership fee:		
<input type="checkbox"/> <b>by Direct Deposit</b>		<input type="checkbox"/> <b>by Cheque</b>
Please use your Full Name or VAOAT Membership Number for the Transaction Reference <b>Bendigo Port Sorell Community Bank BSB Number: 633-000 Account Number: 1548-29733</b>		I am enclosing a cheque payable to <b>The Volunteer Ambulance Officers Association of Tasmania Inc.</b> with this form.

<b>(Office Use Only)</b>	
Membership No:	Receipt No:

**PLEASE RETURN THIS FORM TO THE TREASURER**



Jack Van Tatenhove  
11 Sunhaven Drive  
Port Sorell. TAS 7307

- or scan completed form and email to  
[treasurer@tasmanianambulancevolunteers.asn.au](mailto:treasurer@tasmanianambulancevolunteers.asn.au)