



**VOLUNTEER AMBULANCE
OFFICERS ASSOCIATION
OF TASMANIA INC.**

APPLICATION for MEMBERSHIP

ABN: 49 452 275 349

www.tasmanianambulancevolunteers.asn.au

\$15 p/a
01 October to 30 September

Name	
Address	
Mailing Address (if different)	
Home Phone	Mobile
Work Phone	Fax
E-mail Address: Preferred - @ vol email address or private email address	
To which Volunteer unit do you belong? (if applicable)	
I am: <input type="checkbox"/> applying or <input type="checkbox"/> renewing my membership	
If this is a renewal, what is your membership number?	
Signature:	Date:
Payment Method <input type="checkbox"/> by Direct Deposit Please use your bank account name and station for the Transaction Reference Bendigo BSB Number: 633-000 Account Number: 1548-29733	

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

(Office Use Only) Membership No:	Receipt No:
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