

Corporate Membership Application Form.



Company name: _____

Employment commencement date: ____ / ____ / ____

Complete your details and fax this form to: 1800 997 799 – Corporate Membership

Are you a current member? Yes No

If yes, what is your membership number: _____

Membership types: Single Family

Title _____ First Name _____ Surname _____

Residential Address _____

Postcode _____

Postal Address (if different to above) _____

Postcode _____

Email Address _____

Work _____ Home _____ Mobile _____

Date of Birth ____ / ____ / ____ Staff Number (if applicable) _____

Please list all dependants to be covered by this membership (Family membership only)

Dependant Name	Home Address (if different from above)	Male/Female	Date of Birth	Relationship to Member
			/ /	
			/ /	
			/ /	
			/ /	

Please note: Dependant children under the age of 17 and full time students under the age of 25 can remain covered under your family membership. If at anytime after reaching the age of 17 a dependant ceases full time study, they will require their own membership.

I _____ give authority to be signed up as a member of Ambulance Victoria Corporate Membership Scheme.

'I consent to membership fees to be deducted from my payroll unless I notify the payroll department otherwise, and acknowledge that my membership remains current only whilst payment is received'

Signature: _____ Date: _____

Please note a membership pack will be forwarded to you within 10 working days of company payment.