



Ambulance Historical Society of Victoria

# Application for Membership



Please complete the details below.

Completion of this form does not constitute a guarantee of membership.

<b>First Name</b>			
<b>Last Name</b>			
<b>Residential Address</b>			
		<b>Postcode</b>	
<b>Postal Address</b>			
		<b>Postcode</b>	
<b>Home Phone</b>			
<b>Mobile</b>			
<b>Email</b>			
<b>Past or Present Occupation</b>			
<b>Areas of Interest</b>			
<b>What knowledge or skill do you have which is likely to help the Society?</b>			

Your application for membership is complete when the prescribed fees have been paid and your application form is complete.

Annual Subs \$10.00

**PLEASE NOTE:**

All matters related to the Society are to be directed in the first instance through the Coordinator:

The Co-ordinator

Mr Chas Martin

Unit 1, 55 Barry Street

BAYSWATER VIC 3153, PH 0428 813 385

Membership fees can be paid in person or by Electronic Funds Transfer to:

Account Name: Ambulance Historical Society BSB: 704230 Account Number: 100167781

Put your FULL NAME under description.