



Application for Welfare Fund:

REGISTRATION FORM

I
(Surname) (Christian Names)

Employment Type Employment Status
(Amb. Officer/Admin etc.) (Full/Part Time/Casual/Contract)

DOB Payroll No hereby apply to register as a member of The Ambulance Service Welfare Fund Incorporated and shall comply with the Rules or a motion passed at any constituted meeting of the Fund.

Date Signature

Address

Post Code Telephone

NOTICE OF BENEFICIARY

I Of hereby nominate
..... (Name) Of
..... (Address) to be my beneficiary
..... (Relationship).

Dated this day of 20

Signature

PAYROLL OFFICE INFO

I Payroll No hereby authorise the SA Ambulance Service to deduct \$13.00(on road)/ \$9.00(admin)/per fortnight/ \$44.00(casual/past/associate) from my salary to pay to the Ambulance Service Welfare Fund Incorporated.

DateSignature

Privacy of Your Information: The Ambulance Service Welfare Fund (ASWF) recognises the importance of protecting your personal information and that of your beneficiary. We only collect information which is necessary for the purposes of the ASWF. A copy of our privacy policy can be obtained directly from ASWF.

Ambulance Service Welfare Fund
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Office use only

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