## **ASWF MEMBER REGISTRATION**

## **Ambulance Service Welfare Fund Application**

## for Associate / Past Member / Casual Membership

(Christian Names)	(Surname)	
Address		
Suburb/City	Postcode	
Phone (h)	(m)	
Email		
DOB//	SAAS ID No	
Employment Type(Paramedic/Admin etc.)	Employment Status	
	ciate / Past Member / Casual Member of the Ambulance nd shall comply with the Rules or a motion passed at any	
Date Signa	ature	
annum and entitles members to eq	ast Member / Casual Membership is \$45.00 (incl. GST) per uipment hire, holiday home rental, Medibank Corporate ard and other discounts on offer to members.*	
Members will be emailed regular ne availability can be obtained via the we	wsletters to keep them fully informed and holiday home bsite <a href="mailto:www.aswf.net.au.">www.aswf.net.au.</a>	
Contact the office on 8340 1800 for all	other enquiries.	

AMBULANCE SERVICE WELFARE FUND 13 HINDMARSH PLACE, HINDMARSH SA 5007 PHONE: 8340 1800 FAX: 8340 1811 EMAIL: info@aswf.net.au

**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

\* Membership exclusions are financial assistance, sickness and accident benefit claims, and death benefit.

obtained directly from ASWF.

Office Use Only:	□ DATABASE	☐ WELCOME LETTER	☐ MEMBER CARD
Office Ose Offiv.	□ DATADASE		☐ IVIEIVIDEN CAN