ASWF MEMBER REGISTRATION

Ambulance Service Welfare Fund Application for Full Membership

Name .....

Street Address .....

Suburb ..... **Postcode** .....

Phone (m) ..... **DOB** .....

Email .....

SAAS ID No ..... **Section** .....

Employment Type ..... **Employment Status** .....
(Paramedic/Admin etc.) (Full/Part Time/Casual/Contract)

I hereby apply to register as a Full 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.

Signature ..... **Date** .....

NOTICE OF BENEFICIARY

I .....

hereby nominate to be my Beneficiary .....

of .....

Relationship (ie. Partner / Child / Spouse) .....

Phone (h) ..... **(m)** .....

Signature ..... **Date** .....

I ..... **Payroll ID** .....
hereby authorise the SA Ambulance Service / Shared Services to deduct:

☐ $20.00 (D166 on-road/operational)
☐ $13.30 (D977 administration)

per pay fortnight from my salary to pay to the Ambulance Service Welfare Fund Inc.

Signature ..... **Date** .....

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

Office Use Only: ☐ DATABASE ☐ WELCOME EMAIL ☐ MEMBER CARD ☐ PAYROLL