



SA Ambulance Service

RETIRED OFFICERS' ASSOCIATION

"Friendship and Welfare in Retirement"

Patron Rob Elliott ASM

MEMBERSHIP APPLICATION FORM (page one)

Full Name Partner's

Name Residential

Address

Postal Address

(if different to above)

Contact Details

Telephone

Mobile

Email

Your personal details are for the Association records only and not shared outside of SAASROA without your written permission.

Please indicate your preference for your personal information to be shared with other SAASROA

members. Details of Ambulance Service

Yes		No	
-----	--	----	--

Career

From

To

Volunteer

From

To

Served with

Locations worked

Metro

Country

Admin

Training

Other

(Location)

Qualifications

Interests/Hobbies/

Leisure Activities

Please continue next page



SA Ambulance Service

RETIRED OFFICERS' ASSOCIATION

"Friendship and Welfare in Retirement"

Patron Rob Elliott ASM

MEMBERSHIP APPLICATION FORM (page two)

Membership Application for

Full		Associate	
------	--	-----------	--

Please submit your application to;

Membership Officer – SAASROA
PO Box 4
Kilkenny SA 500

Or email: membership@saasroa.org.au

Do you agree to allow SAASROA to publish photos in SAASROA publications.

Yes		No	
-----	--	----	--

We acknowledge birthdays in our newsletter. If you wish to be included, please advise your and your partner's birth dates (only the day and month is listed in Newsletters and Member Contact Lists)

You

Partner

To assist with maintaining contact between members, a copy of SAASROA Members Contact List is provided to all SAASROA members.

All other enquiries: email secretary@saasroa.org.au

Signed

Date

Is there anything else you would like to share with us about yourself? Perhaps what you would like to achieve with your membership in SAASROA.

.....

.....

.....

.....