



Patron Dr John E Gilligan AO OStJ FANZCA FCICM Dip Hyperb Med

## 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**



Patron Dr John E Gilligan AO OSTJ FANZCA FCICM Dip Hyperb Med

## 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](mailto: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](mailto: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.

.....

.....

.....

.....