



Ambulance Wish
Western Australia

Ambulance Wish Western Australia Membership Application Form

Personal details

Title _____ Name _____

Address _____ P/Code _____

Phone _____ Mobile _____

Email _____

Occupation _____ Company _____

Please let us know what information you'd like to receive from us (select as many as appropriate)

How to:

- Regular donations
- Corporate fundraising/ sponsorship
- Volunteering

Contact me with:

- Regular e-newsletters
- Fundraising event invitations
- AGM invitations

Nominations

Applicants must be proposed and seconded by Financial Members of Ambulance Wish Western Australia

Member proposing _____ Signature _____

Member seconding _____ Signature _____

I wish to pay my \$ 99 membership fee by:

- Cheque
- Cash
- Credit card*
- EFT BSB 066-166, A/C 11008007

- * Card type: Visa Mastercard

Card number _____ Expiry date ____/____ CVV/CVC _____

I hereby apply for membership of Ambulance Wish Western Australia Inc, and agree to abide by its Rules of the Association.

Signature _____ Date _____

Office use only Board Approval _____ Receipt number _____

Please return to Ambulance Wish Western Australia, PO BOX 2312, ELLENBROOK, WA 6069 or email to membership@ambulancewishwa.org.au

Privacy Collection Statement: Your privacy is respected by Ambulance Wish Western Australia. The personal information you provide on this form will be used to assess your eligibility or for the administration of your membership with Ambulance Wish Western Australia. We may contact you to promote our fundraising events and activities, but will not pass your details onto any third party unless required or authorised by law. If you do not provide the information requested your application for membership may not be processed. If you have any privacy concerns or would like to verify information held about you please contact Ambulance Wish Western Australia. ABN 89 482 486 272.