



New application

Renewal

Membership Number

When your application has been processed one Ambulance Cover card per membership will soon be forwarded to you. Please note that you do not need to present your membership card should you ever require an ambulance.

Type of cover (Please tick type required.)

Ambulance Cover (cover in South Australia only) Family (\$198.00) Single (\$99.50) Pensioner Family (\$118.00)* Pensioner Single (\$59.50)*

Ambulance Cover Plus (cover Australia-wide) Family Plus (\$233.75) Single Plus (\$117.50) Pensioner Family Plus (\$153.75)* Pensioner Single Plus (\$77.50)*

Ambulance Cover member's name (Please print)

Title	Given names	Family name	Date of birth
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Dependants' details

Please complete the following for each person to be covered under your membership. Include your partner, children under 18 and full-time students under 25 living at home.

Title	Given names	Family name	Relationship to member	Date of birth	Full-time student (18-25 years)
			<input type="checkbox"/> child / dependant <input type="checkbox"/> spouse / partner		<input type="checkbox"/> Yes
			<input type="checkbox"/> child / dependant <input type="checkbox"/> spouse / partner		<input type="checkbox"/> Yes
			<input type="checkbox"/> child / dependant <input type="checkbox"/> spouse / partner		<input type="checkbox"/> Yes

Additional dependants' details can be supplied on a separate piece of paper.

I give permission to the following person to make changes to my membership details on my behalf.

Title	Given names	Family name	Date of birth
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Telephone and Email details

Tel: Home () _____ Mob () _____
Email address: _____

Would you like your invoices electronically? email SMS

Concession card holders please note: to be eligible for a concession rate, please provide your current pensioner concession or Department of Veterans Affairs number. This may be verified by Centrelink.

Pension No:

Who is your private health insurance provider?

Please specify:

Residential address (must reside in South Australia)*

Abode Type: (unit, apartment) _____
Abode No : _____ Street No: _____
Street Name: _____
Suburb/town: _____ Postcode: _____

*See Terms and Conditions.

Postal address

Suburb/town: _____ Postcode: _____

To join SA Ambulance Service Ambulance Cover:

- Present this application form with your payment to an Australia Post Bill Pay Centre or a National Pharmacies store or
- Call our Customer Service Centre on 1300 13 62 72 and pay by credit card over the phone during business hours or
- Join online by visiting www.saambulance.sa.gov.au

I have read and understood the Terms and Conditions.

Signature:



Occasionally we may send you promotional material we believe will be of interest to you. If you would prefer not to receive this, please tick this box.

Privacy and Your Information

SA Ambulance Service (SAAS) recognises the importance of protecting the privacy of individual's personal information and only collects personal information which is relevant and necessary for the purposes of SAAS's operations. A copy of SAAS's Privacy Policy can be obtained by contacting SAAS's Customer Service Centre or visiting our website at www.saambulance.sa.gov.au

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