



**APPLICATION TO JOIN
NEW SOUTH WALES BRANCH**

Surname _____ (Mr, Ms, Mrs, Miss, Dr.)

Given Name/s _____

Home Address _____ Suburb _____

Post Code _____ Bundy no. _____

Phone No. (H) _____ (M) _____ (W) _____

Email: _____

If Ambulance Officer: - Attached to _____ Station/Location

Position / Appointment / Rank: _____

Have you been a member before? Yes / No. If yes which: Branch _____
Years of membership _____

Fees enclosed:

Subscription by fortnightly payroll deduction (ASNSW employees only)
Or

Annual Subscription payment by cheque / money order (\$156.00 includes GST)

In lieu of the subscription payment a fully completed form authorising fortnightly payroll deductions of my subscription at per fortnight is attached.

Proposer: **An Australian College of Ambulance Professionals member.**

I _____ have known _____ for _____ years

I believe that he/she will abide by the ACAP Code of Conduct and is professionally suitable to be admitted to the Australian College of Ambulance Professionals

Signed _____ Date ____/____/____

I agree to abide by the Constitution and Certified Rules of the Australian College of Ambulance Professionals (NSW) if admitted as a new member.

Applicant's Signature: _____ Date ____/____/____

**This form is to be
Forward to: -
ACAP Branch Secretary
PO Box 547
Strawberry Hills NSW 2012**

Office Use Only:
Receipt/Acknowledged ____/____/____
Meeting Confirmed ____/____/____
Accept Advice Sent ____/____/____
Entered Register ____/____/____ by ____ Member Level
Pay Form Sent ____/____/____ Pay No. _____
Certificate No. _____ Date sent ____/____/____