



**APPLICATION TO JOIN
VICTORIAN BRANCH**

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

Given Name/s _____

Home Address _____ Suburb _____

Post Code _____ Employee no. _____

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

Email: _____

If Paramedic: - 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 (MAS / RAV employees only)

Or

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

Or

Discounted subscription for fulltime pre-employment student (\$78.00 incl: GST)

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

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 (Victoria) if admitted as a new member.

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

**This form is to be
Forward to: -
ACAP (Victoria) Registrar
PO Box 469
Buninyong, VIC. 3357.**

Office Use Only:

Receipt/Acknowledged ____/____/____

Meeting Confirmed ____/____/____

Accept Advice Sent ____/____/____

Entered Register ____/____/____ by ____ Member Level

Pay Form Sent ____/____/____ Pay No. _____

Certificate No. _____ Date sent ____/____/____