



**AUSTRALIAN COLLEGE OF AMBULANCE PROFESSIONALS LTD**  
ABN 51 025 931 572

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**NOTIFICATION TO PAYMASTER**  
**METROPOLITAN AMBULANCE SERVICE**  
**or**  
**RURAL AMBULANCE VICTORIA**

To the Paymaster,

- Metropolitan Ambulance Service
- Rural Ambulance Victoria

Please deduct .....\$6..... from my fortnightly pay for my subscription to the Australian College of Ambulance Professionals, Victorian Branch.

Name .....

Employee No .....

Station .....

Signature .....

This notification will remain current until my retirement or my resignation in writing.

Subscription fees may vary from time to time. The Branch Secretary will notify these in writing to the Paymaster.