



SOUTH AUSTRALIAN STATE EMERGENCY SERVICE
 VOLUNTEERS' ASSOCIATION INCORPORATED
 GPO Box 2706
 ADELAIDE SA 5001
 Ph. 0414 877 374
www.sasesva.org.au
 ABN: 57 187 794 493



**APPLICATION FOR MEMBERSHIP OF THE
 S.A. S.E.S. VOLUNTEERS' ASSOCIATION INCORPORATED**

NAME IN FULL:.....

ADDRESS:

TOWN / SUBURB:..... POSTCODE:

MAILING ADDRESS(if different to the above address):

.....

TOWN / SUBURB:..... POSTCODE:

EMAIL:

TELEPHONE OR MOBILE:

FACSIMILE:

UNIT:

I wish to apply for membership of the Association and in terms of the Association's Funding agreement with the Minister via the S.A. S.E.S., plus its Constitution and Rules declare that I am an **Ordinary member of the Association , being a current serving S.A.S.E.S. Volunteer Member.**

Signed: Dated:

Please return your completed membership application form to:

S.A. S.E.S. Volunteers' Association
 G.P.O. Box 2706
 ADELAIDE S.A. 5001

Or Email to: susan@sasesva.org.au Or Fax to 8410 3115