



SOUTH AUSTRALIAN STATE EMERGENCY SERVICE  
 VOLUNTEERS' ASSOCIATION INCORPORATED  
 GPO Box 2706  
 ADELAIDE SA 5001  
 Ph. 0414 877 374  
[www.sasesva.org.au](http://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](mailto:susan@sasesva.org.au) Or Fax to 8410 3115