



MEMBERSHIP APPLICATION

Please ensure **ALL** details are completed.

You must be an employee of the Ambulance Tasmania to join APA Tasmania Inc.

Personal Details

Surname:		First Name:	
Address:			
Suburb:		Postcode:	
State:		Date of Birth:	
Home Phone:		Mobile Phone:	
Email:			

Employment Details

Region:			
Employee Number:		Qualification:	

I, the undersigned, hereby apply to become a member of the APA (Tas) Inc.
I fully acknowledge and agree to abide by all rules and by-laws of the association.

Signature: _____ **Date:** _____

Nominators

We, the undersigned, hereby nominate this person to become a member of APA (Tas) Inc.

Proposer Name: _____ **Signature:** _____

Seconder Name: _____ **Signature:** _____

Post to: PO Box 4760 • Bathurst St PO • HOBART • TAS • 7000
Fax to: (03) 6285 8093