St John Ambulance

BENEFIT FUND APPLICATION FORM

AMBULANCE BENEFIT FUND APPLICATION FORM
(7 DAY QUALIFYING PERIOD)

$91.00	Per annum for a family (An individual plus spouse/partner and dependent children up to the age of 18)	
$55.00	Per annum for a single	Joining Date: / /

APPLICATION DETAILS

☐ **MR** ☐ **MRS** ☐ **MISS** ☐ **MS** ☐ **OTHER**

SURNAME:			
GIVEN NAMES:			
DATE OF BIRTH:			
ADDRESS:			
		POST CODE	
PHONE:			

COVER REQUIRED

Cover (tick one) ☐ SINGLE OR ☐ FAMILY (Please complete details below of other persons to be covered)

SURNAME	GIVEN NAMES	DATE OF BIRTH

*See Conditions for depend Children

PAYMENT DETAILS

☐	I enclosed my cheque/money order (name and address on back)						
☐	Please debit my	☐	MasterCard	☐	Visa		

CARD NUMBER ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ CARD EXPIRY: /

CARD HOLDERS NAME (IN CAPITALS):

CARD HOLDER'S SIGNATURE:

SEND YOUR COMPLETED APPLICATION AND PAYMENT TO YOUR LOCAL ST JOHN AMBULANCE CENTRE

Please return the completed form by:

- **Email.** stjohndonnybrook@bigpond.com or;
- **Fax.** 08 9731 0142
- **In person.** Lot 512 Bentley St, Donnybrook

For further information, please contact our office on **Phone**: 08 9731 1577