Government of South Australia SA Health	SA Ambulance Service	SA Ambulance Service ACE application form Fees current from 1 August 2023			
New application	Renewal		Member	ship Number	
When your application has been processed one Ambulance Cover card per membership will soon be forwarded to you. Please note that you do not need to present your membership card should you ever require an ambulance. Type of cover (Please tick type required.) ACE (non-emergency cover in South Australia only) ACE Family (\$51.50) ACE Single (\$25.25)					
ACE Plus (non-emergency cover Australia-wide)					
Ambulance Cover member's name (Please print)					
Title Given names		Family name		Date of birth	
Dependants' details					
Please complete the following for each person to be covered under your membership. Include your partner, children under 18 and full-time students under 25 living at home.					
Title Given names	Family name	Relat	tionship to member Date	e of birth Full-time student (18-25 years)	
		Chi de	ild / spouse / pendant partner	Yes	
		de La de	ild / spouse / partner	Yes	
		de	ild / spouse / partner	Yes	
Additional dependants' details can be supplied on a separate piece of paper. I give permission to the following person to make changes to my membership details on my behalf.					
Title Given names		Family name		Date of birth	
Telephone and Email details Residential address (must reside in South Australia)*					
Tel: Home () Mob ()		_ Abode Type: (u	Abode Type: (unit, apartment)		
Email address:		_ Abode No :	Abode No : Street No:		
Would you like your invoices electronically? email SMS Who is your private health insurance provider?			Name:Postcode:		
Please specify *See Terms and Conditions.					
*Please ensure that you are covered for emergency cases with your private health insurance provider. ACE will only cover non-emergency cases.					
Payment details					
You may also like to make a donation to SA Ambulance Service. To do so, simply indicate the amount below, and the total you wish to pay.			Suburb/town: Postcode:		
Membership amount \$	Donation amount	\$	Total amount \$		
I have read and understood the terms and conditions.					
Ambulance Cover is not refundable in p a	art or in full. SA Ambuland	ce Service gratefully acce	pts overpayments as a dona	ation. Thank you.	
Credit card: Mastercard	Visa	a			
(Please complete sectio Payment by credit card (Please tick)	n below)	Expiry Da	to		
Card no.					
Name on credit card		ardholder's gnature	Cardhol contact	lder's number	
Occasionally we may send you promotional material we believe will be of interest to you. If you would prefer not to receive this, please tick this box. Postmark here – Australia Post use only. Privacy and Your Information SA Ambulance Service (SAAS) recognises the importance of protecting the privacy of individual's personal information which is relevant and necessary for the purposes of SAAS's operations. A copy of SAAS's privacy Policy can be obtained by contacting					