



New application

Renewal

Membership 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 (\$53.00)

ACE Single (\$26.00)

**ACE Plus** (non-emergency cover Australia-wide)

ACE Plus Family (\$88.75)

ACE Plus Single (\$44.00)

**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	Relationship to member	Date of birth	Full-time student (18-25 years)
			<input type="checkbox"/> child / dependant <input type="checkbox"/> spouse / partner		<input type="checkbox"/> Yes
			<input type="checkbox"/> child / dependant <input type="checkbox"/> spouse / partner		<input type="checkbox"/> Yes
			<input type="checkbox"/> child / dependant <input type="checkbox"/> spouse / partner		<input type="checkbox"/> 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**

Tel: Home ( ) \_\_\_\_\_ Mob ( ) \_\_\_\_\_  
Email address: \_\_\_\_\_

Would you like your invoices electronically?  email  SMS

**Who is your private health insurance provider?**

Please specify: \_\_\_\_\_

\*Please ensure that you are covered for emergency cases with your private health insurance provider. ACE will only cover non-emergency cases.

**Residential address** (must reside in South Australia)\*

Abode Type: (unit, apartment) \_\_\_\_\_  
Abode No : \_\_\_\_\_ Street No: \_\_\_\_\_  
Street Name: \_\_\_\_\_  
Suburb/town: \_\_\_\_\_ Postcode: \_\_\_\_\_

\*See Terms and Conditions.

**Postal address**

\_\_\_\_\_  
Suburb/town: \_\_\_\_\_ Postcode: \_\_\_\_\_

**To join SA Ambulance Service Ambulance Cover:**

- Present this application form with your payment to an Australia Post Bill Pay Centre or a National Pharmacies store or
- Call our Customer Service Centre on 1300 13 62 72 and pay by credit card over the phone during business hours or
- Join online by visiting [www.saambulance.sa.gov.au](http://www.saambulance.sa.gov.au)

I have read and understood the Terms and Conditions.

Signature: \_\_\_\_\_



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.

**Privacy and Your Information**

SA Ambulance Service (SAAS) recognises the importance of protecting the privacy of individual's personal information and only collects 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 SAAS's Customer Service Centre or visiting our website at [www.saambulance.sa.gov.au](http://www.saambulance.sa.gov.au)

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