



☐ 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.)

**Ambulance Cover** (cover in South Australia only) ☐ Family (\$204.00) ☐ Single (\$103.00) ☐ Pensioner Family (\$122.00)\* ☐ Pensioner Single (\$61.50)\*  
**Ambulance Cover Plus** (cover Australia-wide) ☐ Family Plus (\$240.75) ☐ Single Plus (\$121.60) ☐ Pensioner Family Plus (\$158.75)\* ☐ Pensioner Single Plus (\$80.10)\*

**Ambulance Cover member's name** (Please print)

Title	Given names	Family name	Date of birth
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

### 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. Additional dependants' details can be supplied on a separate piece of paper.

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

**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
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

### Telephone and Email details

Tel: Home ( )  Mob ( )   
Email address:

**Would you like your invoices electronically?** ☐ email ☐ SMS

**Concession card holders:** to be eligible for a concession rate, provide your current pensioner concession or Department of Veterans Affairs number.

Pension No:

**Do you give SA Ambulance Service consent to use Centrelink Confirmation eServices to check your Centrelink or DVA information with Services Australia?** ☐ Yes

This includes your Concession Card status, address, and your dependants' CRNs. This consent also allows Services Australia to collect, use and disclose this information to us to confirm if you qualify for ambulance discounts. This consent is valid as long as you are our customer, unless you decide to take it back by contacting us or Services Australia. You can also choose to show us proof of your eligibility directly. If you don't give your consent or don't provide other proof, you might not qualify for these discounts.

### 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)

### 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:

### Who is your private health insurance provider?

Please specify:

Postmark here – Australia Post use only.