



NSW Ambulance Legacy Membership Form

First Name

Family Name

Date of Birth

Address

Address Line 2

City, Suburb or Town

Post Code

State

eMail

Phone

Preferred Contact
method.
Email, Phone, Mail

Service Details. Locations
during career.

Date Commenced with
NSW Ambulance.

Retired / Separated /
Still Serving

Date of Retirement or
Separation

Opt in to NSW Ambulance Legacy public contact list. Members details will remain private unless you opt to be added to a open membership list. Would you like your contact information to be visible to other members? This contact list will be for other members only and will not be shared outside of NSW Ambulance Legacy. People violating this privilege will have their membership reviewed.

Would you like to be
included in the open
contact list? Yes / No

Associate Membership NSW Ambulance Legacy will proudly offer Associate Membership to the spouse or partner of a member. Membership clause 1.3 All associate members must meet one of the following criteria: (a) Spouse or partner of member in good standing (b) Spouse or partner of NSW Ambulance employee who died or seriously injured in the course of his or her duties (c) Spouse or partner of NSW Ambulance Employee who died or faced permanent impairment due to ill health (d) Other former employees or volunteers of NSW Ambulance approved by the NSW Ambulance Legacy Committee

Would like an Associate Membership for your Partner? Yes / No	
Associate Member First Name	
Associate Member Family Name	
Address if different from Main Address	
Date of Birth	
Phone Number	

DISCLAIMER By becoming a member of NSW Ambulance Legacy, individuals are required to comply with the CORE values of NSW Ambulance. Members agree to represent NSW Ambulance and NSW Ambulance Legacy in ways that do not bring NSW Ambulance or NSW Ambulance Legacy into disrepute or that are prejudicial to NSW Ambulance or NSW Ambulance Legacy. NSW Ambulance Legacy Constitution is available on NSW Ambulance website, <http://www.ambulance.nsw.gov.au/about-us/Legacy.html>

Signature	
Date	

Return form to:
NSW Ambulance Legacy Coordinator
Locked Bag 105
Rozelle NSW 2039