

# Ambulance Victoria Membership form



# Ambulance Victoria

## Decide how and where to pay



### Direct debit available

Set up recurring payments – quarterly or annual only



### In Person

Take this completed form and pay with cash, Eftpos, cheque or credit card at any Australia Post office within Victoria



### Mail

Complete and return this form with payment to:  
Ambulance Victoria Reply paid 278, South Melbourne Vic 3205 (No stamp required if posted in Australia)

## Membership options



Single

\$51.94 p.a.



Family/Couples

\$103.88 p.a.

### PLEASE NOTE:

- **Membership benefits commence at 5pm the day after we receive your membership fee.**
- **There is a 14 day qualifying period for all new/reinstated members who require non-emergency transport or emergency transport due to a pre-existing condition.**

## Complete details below

**Primary member details** Date

Title: Mr/Mrs/Ms/Other (please provide) \_\_\_\_\_

Surname \_\_\_\_\_

First name \_\_\_\_\_ Middle Name \_\_\_\_\_

Date of birth \_\_\_\_\_  M  F  Self Described (SD)

Residential address \_\_\_\_\_

Suburb \_\_\_\_\_ Postcode \_\_\_\_\_

If your postal address is different from above, please include below

Postal address \_\_\_\_\_

Suburb \_\_\_\_\_ Postcode \_\_\_\_\_

Home phone \_\_\_\_\_

Mobile \_\_\_\_\_

Email \_\_\_\_\_

**Note:** An email address must be provided if you require confirmation of your membership. Ambulance Victoria will only use your email address for membership renewal and information purposes.

Have you previously been an Ambulance member?  Yes  No

If yes, what was your member number? \_\_\_\_\_

**Family membership:** Includes the Primary member and their dependant(s). Dependants can be the Primary Member's partner and/or dependent children under the age of 17 and children who are full time students under the age of 25 residing with the Primary Member.

Please list people to be included in your Family membership below.

Surname \_\_\_\_\_ First name \_\_\_\_\_

DoB / /  M  F  SD Relationship \_\_\_\_\_

Surname \_\_\_\_\_ First name \_\_\_\_\_

DoB / /  M  F  SD Relationship \_\_\_\_\_

Surname \_\_\_\_\_ First name \_\_\_\_\_

DoB / /  M  F  SD Relationship \_\_\_\_\_

Surname \_\_\_\_\_ First name \_\_\_\_\_

DoB / /  M  F  SD Relationship \_\_\_\_\_

### Pay via credit card

**Due to credit card security compliance, we are unable to collect credit card details on application forms. Options to pay via direct debit with Visa or Mastercard are:**

#### Via Ambulance Victoria website

Visit: [ambulance.vic.gov.au/membership](http://ambulance.vic.gov.au/membership) and complete your application online (an email address is required)

#### Via phone 1800 64 84 84

Call Monday to Friday between 8am – 8pm or Saturday between 9am – 5pm

### Pay once off by cheque (payable to Ambulance Victoria)

**1 year membership**  Single \$51.94  Family \$103.88

### Pay by recurring direct debit from bank account

**Quarterly direct debit**  Single \$12.99  Family \$25.97

**Annual direct debit**  Single \$51.94  Family \$103.88

Prices are correct at time of publication and are subject to change at any time without notice.

### Bank account details

Name and branch of bank \_\_\_\_\_

BSB \_\_\_\_\_ Account number \_\_\_\_\_

I/we request Ambulance Victoria (User ID 121568) to arrange for funds to be paid from my/our nominated account at the financial institution shown above according to the selected membership type specified on this form. **Please debit \$ \_\_\_\_\_ from my/our account within five days of receipt of this request, and thereafter, on a nominated basis.**

Signature/s \_\_\_\_\_

Date \_\_\_\_\_

### AMBULANCE Direct Debit Agreement

The Membership Fee will be deducted from your nominated financial account by AV in the following manner:

- Initially draw the relevant Membership Fee within five (5) business days of receiving your agreement; and
- Thereafter, deduct the Membership Fee within two (2) business days of the anniversary of your Membership.

The following provisions relate to processing direct debit arrangements:

- If sufficient funds are not available in your nominated financial account at the time of processing a payment then a dishonour fee may apply;
- If you wish to change details of your nominated financial account then you must provide AV with the details at least 5 business days prior to the next payment;
- Details of your nominated financial account will be kept private and confidential and AV will only use the details for processing payment or is otherwise required by law;
- If you wish to terminate the direct debit agreement then you must notify AV and your nominated financial institution.
- AV reserves the right to cancel or terminate a direct debit arrangement if payments are dishonoured and where an alternative payment method cannot be facilitated. Under these circumstances this may result in your Membership being terminated.



## Contact

**Web** [ambulance.vic.gov.au](http://ambulance.vic.gov.au)  
**email** [membership@ambulance.vic.gov.au](mailto:membership@ambulance.vic.gov.au)  
**Phone** 1300 366 141  
(Mon-Fri 8am-8pm & Sat 9am-5pm)  
**Mail** Po Box 278 Sth Melbourne Vic 3205

## Ambulance Cover every Victorian needs

Ambulance services in Victoria are not free and not covered by Medicare. An event that uses air transport can cost over \$11,000. In fact just one emergency ambulance trip by road can cost more than \$1,200.

Ambulance Victoria (AV) Membership provides you with annual ambulance cover that protects you and your loved ones against the cost of using ambulance services.

Membership cover includes:

- Emergency road and air transport.
- Ambulance treatment when you don't need transport.
- Non-emergency transport to the nearest medical facility that has been pre-approved by us and is medically required.
- Ambulance treatment and transport needed whilst travelling interstate - the ambulance service in that state will take you to the nearest medical facility that can help you.

Membership will only cover transport costs when:

- You are taken by a state registered ambulance to the closest medical facility that can help and;
- there is a medical reason for the transport to occur and;
- the waiting period has been completed (this starts after we have received your membership fee).

When buying AV Membership, you agree:

- To read and follow the AV Membership Business Rules\* and the AV Privacy Policy and;
- That we are allowed to change the AV Business Rules anytime we need (so it is best to check them regularly) and;
- That the amount we charge for a membership can also change at any time without notice.

Membership fees are a vital source of funding that help support AV's operational activities such as paramedic training and development, and new and improved equipment/vehicles.

As part of our sustainability objectives, we are committed to reducing our environmental footprint and costs of operation without impacting service to our members. Therefore, we use email as our first point of contact to send you confirmation of joining, renewals and other membership related information.

**\*The AV Membership Business Rules explain the terms and conditions of membership in more detail. We recommend reading them as well as the FAQs so you know what you are covered for. These can be found on the AV website at [ambulance.vic.gov.au/membership](http://ambulance.vic.gov.au/membership) or by calling 1300 366 141.**



Single Membership \$51.94  
Family Membership \$103.88



**Ambulance  
Victoria**