

Application/Change of Details for Associate Membership of NSW SES Volunteers Association

Application: ☐ Change of Details: ☐ (please specify)

FULL NAME:

Mr. ☐ Mrs. ☐ Miss. ☐ Ms. ☐ Other (please specify)

First Name Surname/Family Name.....

SES MEMBERSHIP DETAILS

Unit

Region

SES ID Number: *4

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** Note: Please retain this application form until you receive your SES ID*

CONTACT DETAILS (for NSW SES VA use only)

Postal Address

Suburb State Postcode

Contact Email N/A (please tick if you don't have an email address) ☐

Preferred method of correspondence: Post ☐ Email ☐

Mobile Phone No N/A (please tick if you don't have a mobile number) ☐

Other Contact Phone No N/A (please tick if you don't have another contact number) ☐

Occupation (Optional):

I hereby apply to become an Associate member of the NSW SES VA and agree to be bound by the constitution of the NSW SES VA. (A copy of the NSW SES VA Constitution can be viewed at www.nswsesva.org.au)

I agree to be placed on the registered Associate membership list and my details included in the records of the NSW SES VA and to advise the NSW SES VA when my contact details change or upon leaving the NSW State Emergency Service.

The information you provide will be managed in accordance with our terms and conditions available on our website.

When completed, please send this form to:

NSW SES Volunteers Association LTD

Unit 1, 2-6 Lindsay Street

ROCKDALE NSW 2216

Phone: 13000 SESVA

Or Fax: 1300 273 782 / Email: office@nswsesva.org.au

Signed:.....

Date:.....