

Change to Ambulance Cover membership details



Membership number:

Name of member:

I want to make changes to:

- Address details**
- Member's name** (name change must be accompanied by copies of relevant legal documents)

Residential address:

Postal address:

Email:

Phone:

Mobile:

Name changed FROM: (must be accompanied by copies of relevant legal documents)

Name changed TO:

Member signature:

Date:

*Please return completed form to:
Customer Service Centre
SA Ambulance Service
GPO Box 3
ADELAIDE SA 5001
Phone: 1300 13 62 72
FAX: (08) 8271 2619

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