

RFDS Volunteer Auxiliary > Membership Form

Thank you for choosing to support the Royal Flying Doctor Service through joining the RFDS Near & Far Volunteer Auxiliary. Please complete the following form so that we may keep correct records and can contact you when the need arises.

NOTE: In order to become a member of the RFDS Near & Far Volunteer Auxiliary, a membership fee of \$10.00 per couple must be submitted with this membership form.

Title: Mr/Mrs/Miss Other:.....

Full Name:.....Date of Birth:.....

Full Name:.....Date of Birth:.....

Address:.....

City/Suburb:.....State:.....Post Code:.....

Email:.....Home Phone:.....

Business Phone:.....Mobile:.....

Are you available to volunteer at events? Yes/No (Please circle)

If you answered yes, please provide your approximate availability.

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Please provide your reason for choosing to join our Auxiliary. This will assist us in how we can encourage others to join and it will also assist the RFDS (QLD) in understanding the reasons for our membership.

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In signing this form I agree to follow the rules outlined in the Auxiliary Charter of the Royal Flying doctor Service Queensland Section.

Signatures(1).....(2).....Date:.....

Full Names.....

Please return your signed form to the Secretary at your convenience, care of the below address:

RFDS Near & Far Auxiliary

PO Box 1096

TOLGA QLD 4882

Bendigo Bank

BSB 633 000

Account # 158798462

Please email nearandfaroux@hotmail.com

copy of membership form & when deposit was made



Royal Flying Doctor Service
The furthest corners. The finest care.