



St John NT 21 Day Holiday Cover

Date: _____



St John NT offers this cover to interstate and overseas visitors to the NT, for a maximum period of 21 days, and is valid for ambulance road transport within the NT only.

Please note, this cover does not include aeromedical transports.

Individual Cover \$35.00

Family Cover \$55.00*

*Covers a maximum of 5 immediate family members, 1 -2 adults and dependents up to the age of 18.

Please email to subscriptions@stjohnnt.asn.au

St John NT 21 Day Holiday Cover Application

Individual Family Coverage dates (inclusive): _____ to _____

Subscriber's
Surname: _____ First Name(s): _____ D.O.B: _____

Spouse's
Surname: _____ First Name(s): _____ D.O.B: _____

Dependent's
Surname: _____ First Name(s): _____ D.O.B: _____

Dependent's
Surname: _____ First Name(s): _____ D.O.B: _____

Dependent's
Surname: _____ First Name(s): _____ D.O.B: _____

Residential
Address: _____ Suburb: _____ State: _____ P/code: _____

Postal
Address: _____ Suburb: _____ State: _____ P/code: _____

Contact No.: _____ Email: _____

Payment Details

Please call the above contact number or call:

Please use the following details:

Visa Mastercard Amex Amount \$ _____

Card Holder's Name: _____

Card Number: _____

CVV: _____ Expiry Date: _____ / _____ Signature: _____

Receipt Required: No Yes / Email Post

St John Ambulance Australia (NT) Inc.

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