



QUEENSLAND RETIRED POLICE ASSOCIATION INC

**APPLICATION FOR
ASSOCIATE MEMBERSHIP**

**New associate member sub: \$10.00 full year (Jul-Jun)
\$7.00 half year (Jan-Jun)**

Inquiries: admin@qrpa.asn.au Mob: 0428 455 406

Date: Branch:

Full name: Date of birth:

Preferred given name: Partner's name:

Home/postal addresses:
.....

Tel: Mob:

Email: [print clearly] Use on QRPA email list? Yes / No

Category of Applicant: Spouse/partner of member/associate member –
widow/widower/partner of deceased member/police officer – former QPS public
servant – any other fit and proper person [**circle category as appropriate**]

Signed by:

Applicant: _____

Proposer: _____ **Seconder:** _____

.....
[Print name]

.....
[Print name]

The Association has public liability insurance cover of \$10,000,000.00

Branch considered onnot/recommended.....Secretary

State office use only: Application: Approved / Not approved on **Date:**

Subscription paid: Yes / No **Records noted:** Yes / NoState Treasurer