



**QUEENSLAND RETIRED POLICE ASSOCIATION INC**

**APPLICATION FOR MEMBERSHIP**

New member subscription: \$25.00 full year (Jul-Jun)  
\$15.00 half year (Jan-Jun)

Inquiries: [admin@qrpa.asn.au](mailto: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

Date of retirement/resignation: ..... Station.....

Rank: ..... Reason for retirement/resignation.....

Brief work history: .....

.....

Activities/occupation since separation: .....

.....

**Please provide copies of documents relative to separation.**

**Signed by:**

**Applicant:** .....

**Proposer:** ..... **Seconder:** .....

.....  
[Print name]

.....  
[Print name]

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

**Branch** considered on .....not/recommended.....Secretary

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

**Subscription paid:** Yes / No **Records noted:** Yes / No .....State Treasurer