



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 Mob: 0428 455 406

Date: Branch:

Full name:

Preferred given name: Date of birth:

Reg No..... Last Name when sworn in:

Partner's Full 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/Fees to be paid with application

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