



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: 0497 104 061

Date: Branch:

Full name:

Preferred given name: Date of birth:

Partner's Full name:

Home/postal addresses:

.....

Tel: Mob:

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

Category of Applicant: [circle category as appropriate]

- Spouse/partner of current member/associate member
- widow/widower/partner of deceased member/police officer
- former QPS public servant
- any other fit and proper person

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