



International Police Association New Zealand Section

Change of Personal Details

Name

_____ *family name*

_____ *first / christian names*

Date of birth

____/____/____
day month year

IPA member number

IPA region

_____ *enter 1 to 6 if from NZ, or 7 if an overseas membership*

Country of birth

Old home address

_____ *street number and name*

Old postal address (if different)

_____ *box number*

_____ *suburb*

_____ *suburb*

_____ *town / city* _____ *post code*

_____ *town / city* _____ *post code*

Old email address

Old phone numbers

_____ *home* _____ *work* _____ *mobile*

New home address

_____ *street number and name*

New postal address (if different)

_____ *box number*

_____ *suburb*

_____ *suburb*

_____ *town / city* _____ *post code*

_____ *town / city* _____ *post code*

New email address

New phone numbers

_____ *home* _____ *work* _____ *mobile*

Do you require a replacement IPA membership card?

Yes No

If yes, please also complete an 'Application for Replacement Membership Card' form

Signed Date

Send completed form to

The Secretary-General
IPA New Zealand
PO Box 21061
Henderson
Auckland 0605
NEW ZEALAND

Official use only

Processed Yes
Secretary-General
Date/...../.....