



International Police Association New Zealand Section

Application for Replacement Membership Card

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

Home address

_____ *street number and name*

Postal address (if different)

_____ *box number*

_____ *suburb*

_____ *suburb*

_____ *town / city* _____ *post code*

_____ *town / city* _____ *post code*

Reason for applying for a replacement membership card

Date of first joining IPA NZ

____/____/____
day month year

_____ *old card is full, lost / stolen, destroyed etc*

Signed Date

Ensure the following are enclosed before sending

1. Replacement card fee of \$5.00 (no charge if old card is over 20 years old)
2. Passport sized photograph

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/...../.....