



International Police Association New Zealand Section Application for Membership

Name: _____ <i>Family name</i>	_____ <i>First / Christian names</i>
Date of birth: _____ <i>Day / Month / Year</i>	Country of birth: _____
Home address: _____ <i>Street number and name</i>	Postal address (if different): _____ <i>Box number</i>
_____ <i>Suburb</i>	_____ <i>Suburb</i>
_____ <i>Town / City</i> _____ <i>Post Code</i>	_____ <i>Town / city</i> _____ <i>Post code</i>
Email address: _____	Phone: _____ <i>Home Work Mobile</i>
Police Service: _____ <i>New Zealand Station</i>	_____ <i>Registration no. (QID)</i>
_____ <i>Duties performed</i>	_____ <i>Other Police Service</i>
_____ <i>Rank</i>	_____ <i>Retirement date (if applicable)</i>
Other related service: _____	Languages (written or spoken): _____
Are you prepared to offer accommodation to visiting members? Yes No	Credit Union account number: _____
If yes, what type of accommodation? _____	Interests: _____

Ensure the following are enclosed prior to sending:

- **Authority for Bank deduction for payment of annual subscription of \$44.00, WITH EFFECT FROM 1 JANUARY IN EACH YEAR: (This is the form YOU have lodged with your bank) OR:**
- **Authority for Credit Union deduction of \$1.70 per pay period OR:**
- **Cheque payment of \$44.00 enclosed (Payable to International Police Association)**

Send completed form to:

**The Secretary-General
IPA New Zealand
6/425 West Coast Road
Glen Eden
Auckland 0602
NEW ZEALAND**

Declaration:

I declare that I now apply for ordinary membership of the New Zealand Section of the International Police Association (IPA NZ) and that I agree with the aims and objectives of the Association as laid down in the Constitution and Rules. I shall conform to such rules as may be made by IPA NZ and will further the work of the Association by paying my annual subscription of \$44.00 as required.

Signed: _____ Date: ____/____/____

Official use only

Application approved: Yes No
Receipt number: _____
Regional Secretary: _____