



# MEMBERSHIP APPLICATION FORM

CLASS APPLIED FOR ORDINARY

ASSOCIATE

(Please tick one)

SURNAME ..... GIVEN NAMES .....

ADDRESS .....

.....POSTCODE.....

POSTAL ADDRESS .....

(Indicate if as above)

.....POSTCODE.....

Email ADDRESS ..... TELEPHONE No .....

DATE OF BIRTH ..... PLACE OF BIRTH .....

NEXT OF KIN ..... RELATIONSHIP .....

ADDRESS OF NOK .....

.....POSTCODE.....

DVA FILE No. .... REPATRIATION FILE No. .... SERVICE No .....

This number may be obtained from any letter from the Department of Veterans' Affairs.

BRANCH OF SERVICE ..... UNITS SERVED .....

DATE OF ENLISTMENT ..... DATE OF DISCHARGE .....

PLACE/STATE OF ENLISTMENT ..... ON DISCHARGE .....

Were you a member of a TPI Association or similar Association in any other State or Territory? YES NO (Tick box applicable)

If YES give the Association Name ..... State/Territory .....

Date joined ..... Date left or resigned ..... and Badge Number .....

SIGNATURE ..... DATE .....

## OFFICE USE ONLY

DVA authorization (Letter or Gold Card) Sighted by NAME .....

TITLE ..... Signature .....

DVA File No. .... COMMITTEE Approved Not Approved Date .....

TPI Badge No. .... Membership Card Issued Y/N  
Receipt No .....

The Australian Federation of Totally and Permanently Incapacitated Ex Servicemen and Women  
(Queensland Branch) Inc.  
(Established 1939)

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