



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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