



Membership Application Form

CLASS APPLIED FOR **ORDINARY** **ASSOCIATE** *(Please tick one)*

Surname: Given Names:

Address:

Suburb: State: Post Code:

Postal Address: Post Code:
(Indicate if as above)

E-mail Address: Telephone No: Hm:
Mb:

Date of Birth: Place of Birth:

Next of Kin: Relationship:

Address of NOK:

Suburb: Post: Code.....

DVA File No: Repatriation File No: Service No:
This Number may be obtained from any letter from DVA

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

If Yes give the Association's Name: State/Territory:

Date Joined: Date Left Or Resigned: Former Badge No:

Signature..... Date:

Office use only

DVA Letter or Gold Card Sighted by Name.....

Title: Signature:

DVA File No: **Committee:** Approved Not Approved: Date:

TI Badge No: **Membership Card Issued** Yes No

Receipt No.: **Index Card Updated:** Yes No **Computer Updated:** Yes No

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

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