



**TOTALLY AND PERMANENTLY DISABLED  
EX SERVICEPERSONS ASSOCIATION  
(TOWNSVILLE) INC.**



**APPLICATION FOR MEMBERSHIP**

**MEMBER DETAILS**

Title		
Surname		
Given Names		
Address		
Town		
State	Postcode	
Telephone		
Mobile Phone		
Date of Birth		
Service Number		
Service Units		
Email Address		
DVA Card #		

**NEXT OF KIN and/or ASSOCIATE**

Title		
Surname		
Given Names		
Relationship		
<input type="radio"/>	Tick if same as Member	
Address		
Town		
State	Postcode	
Telephone		
Mobile Phone		
Email		
<input type="radio"/>	Member	
<input type="radio"/>	Associate Member	

I hereby apply for membership of the TPI (Townsville) Inc. I have not previously applied for membership of the Association, and have not been rejected as an applicant from any other TPI Association. I have not been convicted of an indictable offence. If accepted to be a member of the Association, I am prepared to abide by the true constitution and rules thereof, that shall be provided to me by the Association, but I reserve the right of free speech.

I also give authorisation to the Editor of "The Bugle" and the TPI Association to publish my name in any of their journals or newsletters providing they are in no way detrimental to myself or to my family.

Signed

Date

**OFFICE USE ONLY**

Date Processed:	<input type="text"/>
Receipt #:	<input type="text"/>
Financial Year:	<input type="text"/>
Entered By (Initials):	<input type="text"/>

**MEMBER**

- ID Card
- Large Badge
- Small Badge
- Car and Year Sticker
- Information Package
- Database Completed

**ASSOCIATE**

- ID Card
- Small Badge
- Information Package
- Database Completed