



ALL BOXES TO BE FILLED OUT

Application for Membership

Full Member \$30.00* Associate Member \$20.00*

Full Name			
Preferred Name		Post-nominal initials (APM etc):	
Address			
Email Address			
Postal Address if different to above			
Phone	(H) _____	(M) _____	(W) _____
Date of Birth	____ / ____ / ____	Copy of Certificate of AFP Service included: YES <input type="checkbox"/> NO <input type="checkbox"/>	
Agency if not AFP			AFP Badge Number:
	Rank on Leaving AFP:		Where Served:
	Service began:		Service ended:
	Name of Spouse/Partner:		
Signature of Applicant			

I declare that I am of good fame and character and I desire to become a member of the AFP Former Members Association Inc (AFPFMA). I acknowledge that my application for membership is subject to review by the AFPFMA Committee. The AFPFMA Committee has ultimate discretion over whether my application for membership is accepted. If my application is accepted, I agree to be bound by the rules of the Association whilst a member. *Send completed application to membership@afpfma.org*

Date of Application: ____ / ____ / ____	Amount Paid \$..... (*includes \$10 joining fee). Paid by: CASH <input type="checkbox"/> CHEQUE <input type="checkbox"/> PAYPAL <input type="checkbox"/> DIRECT DEPOSIT <input type="checkbox"/>
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Proposed By

Full Name			
AFP Badge Number:	Known Applicant:	Years	

I declare that I am a current financial member of the AFP Former Members Association Inc. (AFPFMA), and I nominate the above-mentioned applicant for membership of the AFP Former Members Association.

Signature of Proposer	Date ____ / ____ / ____
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Seconded By

Full Name			
AFP Badge Number:	Known Applicant:	Years	

I declare that I am a current financial member of the AFP Former Members Association Inc. (AFPFMA), and I nominate the above-mentioned applicant for membership of the AFP Former Members Association.

Signature of Seconder	Date ____ / ____ / ____
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**includes \$10 joining fee, unless it is a renewal of membership. AFPFMA Incorporated in ACT. #A06015*