



**INTERNATIONAL
POLICE ASSOCIATION**
INTERNATIONAL EXECUTIVE BOARD

IPA MALTA APPLICATION FORM

Please return to: ipamalta@gmail.com

I hereby express my interest in becoming a member of the International Police Association (IPA) Malta Section and would like to be contacted by the relevant authorities.

| | |
|-------------|--|
| First name: | |
| Surname: | |

| | |
|----------------|--|
| Email address: | |
| Phone number: | |

| | |
|-----------------------|--|
| Country of residence: | |
| Home address: | |

| | |
|-------------------------|--|
| Law enforcement agency: | |
| Rank / Title: | |
| Status: | Active <input type="checkbox"/> Retired <input type="checkbox"/> ← Please select |

| | |
|------------------------------|---|
| Preferred method of contact: | Email <input type="checkbox"/> Phone <input type="checkbox"/> Post <input type="checkbox"/> |
|------------------------------|---|

I understand that further information may be required and that the final decision regarding membership shall be made by IPA Malta.

| | |
|-----------------|--|
| Administration: | |
| Date received: | |
| MT number: | |