



International Police Association Malta Section

Membership Application Form - MT-_____

Surname:	Name:
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Date of Birth:	I.D. No:	Rank and Number:
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Postal Address:

Locality:	Post code:
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Telephone:	Mobile:
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E-mail address:

Through this application I am applying to be accepted as a member of the International Police Association – Malta Section, and as a member I agree with the aims and objectives of the Association as laid down in the International Rules and Constitution. I shall conform to such rules and regulations, as may be approved and adopted by I. P. A. Malta Section Executive Committee. I also understand that membership cards issued, remain property of IPA Malta Section.

Membership Options;

1 Year Membership Fee: € 8.00

3 Years Membership Fee: €20

10 years Membership Fee: €70

Full Service Membership (25 years) fee: € 170

Renewal of membership fee is payable on the 1st January of each year.

Online Application Form and Membership Renewal is also available by credit card.

Fees are correct as at 2014.

Date: _____

Signature: _____

This form will be processed in accordance with the Data Protection Act, Chapter 440 of the Laws of Malta.