

POLICE/LAW ENFORCEMENT PROFESSIONALS FELLOWSHIP OF ROTARIANS

<i>Membership Application Form</i>			
<p><b>Ordinary Membership</b> of PoLEPFoR shall be open to any active Rotarian who is either a serving or retired Police/Law Enforcement Officer, who is serving or has served, in a recognised Police/Law Enforcement Organisation and has left in good stead.</p> <p><b>Associate membership</b> of PoLEPFoR (<i>Friends of PoLEPFoR</i>) shall be open to any Rotarian who has an interest in progressing the cause of Police and Community Relations locally, nationally or internationally, through the facility of the Police Law Enforcement Professionals Fellowship of Rotarians.</p>			
<b>Ordinary Membership</b>		<b>Associate Membership</b>	
		- please tick box	
1. Surname		2. Given Names	
3. Residential Address		4. Post/Zip Code	
Email:		Ph:	Fax
5. Date of Birth		6. Place of Birth	
7. Marital Status .		8. Name of Partner (Optional)	
9. Particulars of Current or previous Police/Law Enforcement Service (if applicable)			
10. Police/Law Enforcement Establishment (if applicable)			
11. Location (if applicable)		12. Post/Zip Code	
Email	Fax		Ph
13. Date Joined		Date Resigned/Retired	
14. Name of Rotary Club/District			
15. Details of Rotary Service and Positions held in Rotary Club/District			
16. Location		17. Post/Zip Code	
Email	Fax		Ph

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18. Other Information, Hobbies Special Interests & Academic Qualifications etc

**DECLARATION**

I..... hereby submit my application for ordinary membership or Associate Membership of the Police/Law Enforcement Professionals Fellowship of Rotarians (PoLEPFoR). \*I agree with the aims and objectives of the Fellowship as laid down, and agree to abide by the rules as may be made by PoLEPFoR consistent with Rotary ethics. \*I agree to submit my membership renewal fee of US\$20.00 p.a. before June 30 each year. I hereby submit my membership subscription of US\$20.00. and US\$5.00 for Lapel Pin.

Please find attached two (2) photographs of myself (one in uniform if applicable) along with a single page of information about me

**Other currencies variable. Contact your bank for current exchange rates. Preferred payment, bank cheques/drafts in Australian Dollars.**

**PLEASE VALIDATE ROTARY MEMBERSHIP BY ASKING YOUR PRESIDENT TO SIGN HEREUNDER**

Applicant's Name	Applicant's signature	
President's Name	President's signature	
Date	Rotary Club of	
	District	
Forward completed form and send to the following address with your cheque/moneyorder etc. to  The Chairman, PoLEPFoR, 53/2 Parkes Street, Kirribilli, NSW Australia 2061, or Fax to 61/2/9955 9810  or E-mail polepfor@onaustralia.com.au	<b>FOR OFFICE USE ONLY</b>	
	DATE RECEIVED	
	DATE ACCEPTED	
	RECEIPT No	
	AMOUNT RECEIVED	
	LAPEL PIN Y/N	
	DATE RECEIVED	
	DATE ACCEPTED	
	RECEIPT No	
	AMOUNT RECEIVED	