

APPLICATION FORM FOR THE IPA MEMBERSHIP CARD 20.....
(PLEASE TYPE OR WRITE IN BLOCK CAPITALS)

Name in full:

Rank:

Serving Retired Former

Name with Initials:

IPA Number

Date of Birth

NIC Number

Contact Number

Email

Police ID / Pension ID Number

Present Station/Work Place:

Postal Address

Year of Joining IPA

I am herewith attaching my photograph and cash/cheque US\$. 20 to obtain the new IPA Membership card.

.....
Signature
Date -

I certify that the above information is correct.

.....
OIC Station/District/Division/Range

For office use only

Date of receipt of the application

Date the information given to Smart Print

Date of the returning of the card Signature of the Officer.....

Date card handed over to the member

Signature of the member for acceptance of the card