

## MEMBERSHIP CONFIRMATION- RETIRED FIREFIGHTERS' ASSOCIATION QUEENSLAND (Inc.)



## MEMBERS, WE NEED YOUR HELP REGARDING YOUR DETAILS

The completed form can be returned either by;

- Scanning and email to admin@rffaq.au or
- By post to Retired Firefighters' Association Queensland (inc.), P.O. Box 1836, Sunnybank Hills, Qld. 4109.

## **Explanation of Member Classes**

**Ordinary Member** (sometimes referred to as a full member) is an ex-firefighter of a Fire Authority who has retired or resigned from such Fire Authority and shall be eligible to apply for membership of the Association provided that the applicant for Ordinary Membership provides satisfactory proof of service, retirement, or resignation.

Associate Member is a person who is.

- the spouse or partner, widow or widower of an Ordinary Member, Life Member or Veteran Member.
- an ex-employee, other than an ex-firefighter, of a Fire Authority who has retired or resigned from a Fire Authority and their spouse or partner, widow or widower.
- a serving firefighter and/or serving employee of a Fire Authority and their spouse or partner, widow, or widower.
- any person with affiliation to a Fire Authority or to any service directed at the prevention and suppression of fire whether in Australia or
  elsewhere who is approved by the Management Committee.

**Life Member** is a person who was been granted life membership by the Management Committee and does not pay annual subscription fees. **Veteran Member** is a member who has attained the age of eighty (80) years and has been a financial member for the previous five (5) years. Veteran members do not pay annual subscription fees.

**Honorary Member** is a person who has through the Management Committee had an Honorary membership conferred upon them. Honorary Member does not pay any subscription fees.

| Member does not pay any subscription fees.   |       |             |           |              |
|--|-------|-------------|-----------|--------------|
| Do you wish to remain a member? If you do not wish to remain a member, please return the                                   |       |             |           |              |
| filled-out form and we will remove your membership. You will not receive any further YES NO                                |       |             |           |              |
| notices, magazines etc.  Which membership/s do you have? (Form allows for both a member and an associate member's detail.) |       |             |           |              |
| ASSOCIATE ORDINARY VETERAN LIFE HONORARY   |       |             |           |              |
| Applies to OPDINARY membership only – which subscription, did you elect to pay for   |       |             |           |              |
| your membership  |       |             |           |              |
| year membersing  |       |             |           |              |
| MEMBER NAME  |       |             |           |              |
| Last Name  |       | First Name  |           |              |
|  |       |             |           |              |
| MEMBER ADDRESS & CONTACT DETAILS   |       |             |           |              |
| Building Name  |       | Unit No.    | Street No | D.           |
| PO Box /Street   |       |             |           |              |
| Suburb   | State | Post Code   | DOB       |              |
| Email  |       | Contact No. |           |              |
|  |       |             |           |              |
| ASSOCIATE NAME   |       |             |           |              |
| Last Name  |       | First Name  |           |              |
|  |       |             |           |              |
| ASSOCIATE MEMBER ADDRESS & CONTACT  As Above Address   |       |             |           |              |
| Building Name  |       | Unit No.    | Street No | D.           |
| PO Box /Street   |       |             |           |              |
| Suburb   | State | Post Code   | DOB       |              |
| Email  |       | Contact No. |           |              |
| Lindii   |       |             |           |              |
| SERVICE HISTORY –service history was a requirement on the application.   |       |             |           |              |
| Fire Authority   | ,     | Join Date   | End Date  | Years Served |
|  |       |             |           |              |
|  |       |             |           |              |
|  |       |             |           |              |