



MEMBERSHIP FORM – RETIRED FIREFIGHTERS’ ASSOCIATION QUEENSLAND (Inc.)

**APPLYING FOR:** NEW MEMBERSHIP MEMBERSHIP RENEWAL CANCEL MEMBERSHIP

This form is to **apply for New Membership** as an Ordinary Member or Associate, for **Membership Renewal**, or to **Cancel Membership**.

An **Ordinary 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.

An **Ordinary Member Subscription** is an **Annual Subscription of \$20/yr or \$10 if paid after 1st January for the first year.**

An **Associate Member** is a person who is

- - The spouse, partner, widow, or widower of an Ordinary, Life, or Veteran Member.
- - An ex-employee (excluding ex-firefighters) of a Fire Authority, along with their spouse or partner, widow, or widower.
- - A serving firefighter or employee of a Fire Authority and their spouse, partner, widow, or widower.
- - Any person affiliated with a Fire Authority or fire prevention services approved by the Management Committee.

The **Associate Subscription** is an **Annual Fee of \$10/yr.**

Annual subscription renewals to be paid by 1st July each year.

Subscription/s are paid when submitting the completed application by Direct Transfer to Bank of Queensland, BSB 124-054 Acc, No. 23246383. Please ensure you reference the transfer with your name. Application to be forwarded to admin@rffaq.au or by mail to Retired Firefighters’ Association of Queensland, PO Box 1836, Sunnybank Hills, Qld 4109

ORDINARY ANNUAL FEE \$20/yr \$10.00 PAID AFTER JANUARY**ASSOCIATE** ANNUAL FEE \$10/yr**APPLICANT NAME - ORDINARY MEMBER**

Last Name

First Name

ADDRESS & CONTACT DETAILS - ORDINARY MEMBER

Building Name

Unit No.

Street No.

PO Box /Street

Suburb

State

Post Code

Contact No.

DOB

Email

Applicant Print/Sign

Date

APPLICANT NAME - ASSOCIATE MEMBER

Last Name

First Name

ADDRESS & CONTACT DETAILS - ASSOCIATE MEMBER AS ABOVE

Building Name

Unit No.

Street No.

PO Box /Street

Suburb

State

Post Code

Contact No.

DOB

Email

Applicant Print/Sign

Date

SERVICE HISTORY – Required for new members. Multiple Records can be added.

Fire Authority	Rank/Position	Join Date	End Date	Years Served
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

OFFICE USE ONLY**New Membership Only**

Nominees

New or Renewal Subscription Paid

Approved

 YES NO

Date