

POLICE/LAW ENFORCEMENT PROFESSIONALS FELLOWSHIP OF ROTARIANS

<i>Membership Application Form</i>		
<p>Ordinary Membership 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>Associate membership 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>		
Ordinary Membership / Associate Membership - please circle or underline		
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*

Please find attached two (2) photographs of myself (one in uniform if applicable) along with a single page of information about me. (1 photo may be emailed with the application in jpg format)

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 The Chairman, PoLEPFoR, PO Box 255, Bexley NSW 2207 or Fax to 61 2 95598646 Mob/Cell +61 (0) 419 178 279 or E-mail to: membership@polepfr.org	FOR OFFICE USE ONLY	
	DATE RECEIVED	
	DATE ACCEPTED	
	RECEIPT No	
	AMOUNT RECEIVED	
	LAPEL PIN Y/N	
	DATE RECEIVED	
	DATE ACCEPTED	
	RECEIPT No	
	AMOUNT RECEIVED	