



International Police Association Malta Section

Membership Registration Form: MT_____

Surname :	Name:
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Date of Birth:	I.D. No:
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Residential address:

Locality:	Post code:
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Telephone No:	Mobile:
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Rank and number :	Retirement date:
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E-mail:

Through this application I am applying to be accepted as a member of the International Police Association – Malta Section, and as a member I agree with the aims and objectives of the Association as laid down in the International Rules and Constitution. I shall conform to such rules and regulations, as may be approved and adopted by I. P. A. Malta Section Executive Committee. I understand that IPA Malta may refuse my enrolment application.

I declare to understand that the Association is committed to implement the appropriate measures relating to the prevention of money laundering and the funding of terrorism so as to ensure that the Association is not used for this scope. I also understand that information about me may be disclosed to competent authorities for the detection, investigation and prosecution of criminal and financial offences as the case may be.

1 year membership fee: €10.00

3 years membership fee: €25.00

5 years membership fee: €40.00

Date _____

Signature of applicant _____

Membership payment may be effected as follows;

- 1) IPA Office, Police General Headquarters, Floriana
- 2) Transfer to IPA Account: Bank: Bank of Valletta p.l.c.
IBAN: MT62VALL22013000000013804925019