



Associate Membership Application

Please complete in BLOCK LETTERS ONLY

First Name		Last Name	
Date of Birth (dd/mm/yyyy)		Gender:	Male <input type="checkbox"/> Female <input type="checkbox"/>
ID No.	National:	DP:	PP:
Address:	Street Address	Town/City	Region: Trinidad <input type="checkbox"/> Tobago <input type="checkbox"/>
Contact No. (1)		Contact No. (2)	
Email		Employer	

Associate Membership:

1. Membership Fees:

Registration Fee - \$50.00
Annual Contribution - \$25.00

2. Benefits:

Entitles membership to -

- Group Medical Plan via Millennium Insurance Brokers Limited
- Any other programme or services negotiated by the Association for its Ordinary Members

Estate Police Association
Stamp & Signature

Signature of Applicant

Date of Application

Recommender