HONORARY RETIRED MEMBER FORM



	plication to become and "Hono i yees, Queensland as per the un	•		nited Firefighters Union	ot
	PERSONAL IN	NFORMATI	ON		
NAME:					
ADDRESS:					
SUBURB:			POST CODE:		
EMAIL:			MOBILE:		
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	RETIREMENT I	INFORMAT	ION		
COMMENCEMENT DATE:	RETIREMENT		TION MENT DATE:		
COMMENCEMENT DATE: REGION I SERVED IN:	RETIREMENT				
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REGION I SERVED IN: SIGNATURE	RETIREMENT I				

Please complete & sign the required sections on this form & return using the submit button below, email to ufu@ufuq.com.au, or post to Ground Floor, 286 Montague Road, West End Qld 4101

Authorised by John Oliver State Secretary United Firefighters' Union of Australia, Union of Employees, Queensland