

N A R P O

Cardiff Branch

APPLICATION FOR MEMBERSHIP

(PLEASE COMPLETE IN BLACK INK & BLOCK CAPITALS)

DATE OF RETIREMENT:	
TITLE:	
FORENAME(S)	
SURNAME:	
DATE OF BIRTH:	
HOME ADDRESS:	
CITY/TOWN:	
POST CODE:	
TEL No (including code)	
Mobile Tel No:	
E-MAIL ADDRESS	
PARTNERS DETAILS:	
FORENAMES:	
SURNAME:	
FORCE FROM WHICH RETIRED:	
FORCE NUMBER:	
PENSION NUMBER:	
N.I. NUMBER	

I hereby authorise the deduction from my pension of the subscription at the rate currently in force, and I understand that:

- (a) A new authorization will not be necessary should subscription rates vary.
- (b) If I wish to discontinue the arrangement, I must give notice in writing to the branch secretary.

Signed:_____ Dated:_____

Please return the completed form to:

Mr. Alan Greaves, 11, Clos Cromwell, Rhiwbina, Cardiff CF14 6QN

NOTE the membership fee will be at a different rate if the new member has retired from another force.