

# NORTHERN POLICE CONVALESCENT HOME MEMBERSHIP APPLICATION

(Form must be fully completed)



I THE BELOW SIGNED HEREBY AUTHORISE DEDUCTIONS FROM MY WEEKLY PAY BILL IN RESPECT OF THE NORTHERN POLICE CONVALESCENT HOME FUND AT THE APPROPRIATE. I AGREE TO ABIDE BY THE RULES OF THE FUND AND ANY DECISIONS MADE WITH REGARD TO IT BY THE MANAGEMENT COMMITTEE OF THE BRITISH TRANSPORT POLICE FEDERATION.

Name: \_\_\_\_\_ D.O.B. 

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 D.E.S. 

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ADDRESS: \_\_\_\_\_  
\_\_\_\_\_ POST CODE 

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Rank \_\_\_\_\_ Collar Number \_\_\_\_\_ Home Station \_\_\_\_\_ Area \_\_\_\_\_

Contact Telephone Number \_\_\_\_\_ Area Control Room Tel Number \_\_\_\_\_

Signature \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

NATIONAL INSURANCE NUMBER 

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**FOR FEDERATION OFFICE USE ONLY**

NATIONAL INSURANCE NUMBER 

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EMPLOYEE NAME AND INITIALS \_\_\_\_\_

STATION NAME OR LOCATION \_\_\_\_\_ COLLAR NUMBER \_\_\_\_\_

FUND CODE \_\_\_\_\_ AMOUNT \_\_\_\_\_ ARREARS \_\_\_\_\_

P.A.Y.E. WEEK \_\_\_\_\_

**PROCESSED**

YES  NO SIGNATURE \_\_\_\_\_ DATE \_\_\_\_/\_\_\_\_/\_\_\_\_

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[www.btpolfed.org.uk](http://www.btpolfed.org.uk) AND CHANGE OF POSTING OR ADDRESS CAN BE SENT BY E-MAIL TO [infobtpf@btconnect.com](mailto:infobtpf@btconnect.com)

MAIL TO: -

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