

## NATIONAL ASSOCIATION OF RETIRED POLICE OFFICERS

## Application for membership

Please enrol me as a WIDOW member of the National Association of Retired Police Officers

| Date:                                      |                |
|--|----------------|
| Title:                                     | Date of Birth: |
| Forename(s)                                |                |
| Surname                                    |                |
| Address                                    |                |
|  |                |
|  |                |
|  | Post Code      |
| National Insurance No:                     |                |
| Telephone Number:                          |                |
| My Pension No:                             |                |
| My Deceased Husbands or Partners Full Name |                |
| E-mail Address:                            |                |

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

- a) A new authorisation will not be necessary should subscription rates vary, and
- b) If I wish to discontinue the arrangement, I must give notice in writing to the Branch Secretary

| Signed |
|--------|
|--------|

Once completed, send this form to the Membership Secretary of the East Kent Branch. Or if you want to know more before joining, contact the East Kent Branch Membership Secretary, details below.

Ms H Brunskill 22 Selwyn Drive, Broadstairs Kent CT10 25W Email: <a href="mailto:membership.eastkentnarpo@gmail.com">membership.eastkentnarpo@gmail.com</a> 01843 868202