



**THE NORTHAMPTONSHIRE POLICE WELFARE FUND,
THE POLICE TREATMENT CENTRE AND THE GURNEY FUND**

APPLICATION FORM

I wish to become a member of the above Funds and I agree to abide by the rules thereof.

I authorise the deduction of £11.95 from my salary each month made up of:

The Northamptonshire Police Welfare Fund	£3.00
The Police Treatment Centres	£7.80
The Gurney Fund for Police Orphans	£1.15

I note that any subsequent amendment to the subscription rates will be made only after 28 days' notice has been given in Force Orders.

Surname:

Forenames:

Collar number/payroll number:

Date joined Northamptonshire Police:

NOMINATED PERSON TO WHOM BENEFITS SHALL BE PAID

In the event of my death whilst a member of the Northamptonshire Police Welfare Fund, I nominate the under mentioned to receive any monies due to my estate from the Fund.

Full name:

Address:

Relationship to me:

Signed:

Date:

Please return this form to:

Pat Anstead, Welfare Funds Advisor Police Headquarters, Wootton Hall, Northampton NN4 0JQ
or via email: patricia.anstead@northants.police.uk