

APPLICATION FOR MEMBERSHIP



THE POLICE TREATMENT CENTRES & THE POLICE CHILDREN'S CHARITY

I hereby authorise deductions from my weekly payroll in respect of the Police Treatment Centres and/or The Police Children's Charity, as appropriate. I agree to abide by the rules of the Charity and any decisions made with regard to it by the Management Board of the British Transport Police Federation.

First Names.....Surname.....

Date of Birth.....

Home address.....

Post Code.....

Home Telephone.....Mobile.....

Email.....

Home Station.....Area.....

Police Number.....Rank.....Date of joining BTP.....

Work Email.....

SIGNATURE.....

I hereby authorise deductions from my weekly payroll in respect of:

- The Police Treatment Centres at **£7.20 (every 4 weeks)**
- I agree to the use of my personal contact details to enable the Police Treatment Centres to make calls, send texts or emails about the vital work it does for the Police Family, it's fundraising appeals and opportunities to support the PTCs. Our Privacy Policy is available at www.thepolicetreatmentcentres.org
- The Police Children's Charity at **£1.40 (every 4 weeks)**
Please inform your family that you have decided to contribute, so that they can access support should they require it.
- I agree to the use of my personal contact details to enable The Police Children's Charity to make calls, send texts or emails about the vital work it does for the Police Family, it's fundraising appeals and opportunities to support The Police Children's Charity. Our Privacy Policy is available at www.thepolicechildrenscharity.org

Student Officer (First 12 months FREE): Yes No

Office use only

Fund Code.....Amount.....

Processed.....Signature.....Date.....