

**APPLICATION FOR MEMBERSHIP OF THE NORTHAMPTONSHIRE
POLICE WELFARE FUND, THE POLICE TREATMENT CENTRE,
PLUS THE GURNEY FUND**

Please complete and return to:

Catherine Laing, People Services, FHQ, Wootton Hall, Northampton,
NN4 0JQ

I wish to become a member of the above Funds and I agree to abide by the rules thereof. I authorise the deduction of £10.73 from my salary each month representing my subscription made up of:

The Northamptonshire Police Welfare Fund	£1.78
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:

Date joined Northamptonshire Police:

Signed:

Date:

Signature of Witness:

Full Name of Witness:

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:

Updated January 2020

This form is completed in accordance with our Privacy Policy.