

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

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 representing my subscription 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:

Signed:

Date:

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:

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