

THE POLICE TREATMENT CENTRES MEMBERSHIP APPLICATION FORM

(Form must be fully completed)



I THE BELOW SIGNED HEREBY AUTHORISE DEDUCTIONS FROM MY WEEKLY PAY BILL IN RESPECT OF THE POLICE TREATMENT CENTRES FUND AT THE APPROPRIATE. I AGREE TO ABIDE BY THE RULES OF THE FUND AND ANY DECISIONS MADE WITH REGARD TO IT BY THE MANAGEMENT COMMITTEE OF THE BRITISH TRANSPORT POLICE FEDERATION.

Name: _____ D.O.B.

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 D.E.S.

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ADDRESS: _____
_____ POST CODE

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Rank _____ Police Number _____ Home Station _____ Area _____

Contact Telephone Number _____

Signature _____ Date: ____/____/____

NATIONAL INSURANCE NUMBER

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FOR FEDERATION OFFICE USE ONLY

EMPLOYEE NAME AND INITIALS _____

STATION NAME OR LOCATION _____ POLICE NUMBER _____

FUND CODE _____ AMOUNT _____

PROCESSED

YES NO SIGNATURE _____ DATE ____/____/____

COPIES OF THIS AND OTHER FEDERATION FORMS CAN BE FOUND ON THE BRITISH TRANSPORT POLICE FEDERATION WEB-SITE

www.btpolfed.org.uk AND CHANGE OF POSTING OR ADDRESS CAN BE SENT BY E-MAIL TO infobtpf@btconnect.com

MAIL TO: -

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134 THURLOW PARK ROAD
WEST DULWICH
LONDON SE21 8HN