

# APPLICATION FOR MEMBERSHIP

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## THE POLICE TREATMENT CENTRES and ST GEORGE'S POLICE CHILDREN TRUST

I hereby authorise deductions from my weekly payroll in respect of the Police Treatment Centres and/or the St George's Police Children Trust 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.....

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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)
- The St Georges Police Children Trust at £0.80 (every 4 weeks)

Student Officer (First 12 months FREE): Yes  No

SIGNATURE.....

I am happy for the Charities to have my email address (please be advised this information will not be shared with any third party.)

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### **Office use only**

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

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