N H S Retirement Fellowship (Northern Ireland) C/o Bangor Community Hospital Castle Street Bangor BT20 4TA

Application Form

Health and Social Services pension for transmission to the Fellowship. Name in full: (Dr/Mr/Mrs/Miss) Employing Authority:			
		Last place of employment:	
		I. I hereby apply for membership of the	Branch of the NHS Retirement Fellowship (NI)
 I wish to pay: (a) my subscription monthly and I authorise until furthmy Health Service Pension and payment to the Fe (b) by an annual payment of £6.00 to 'NHS Retirement 	ellowship on my behalf of the amount so deducted; or		
3. I agree that, if the subscription is varied at any time, a the monthly or annual deduction shall be varied according to the control of the	as determined at an Annual or Special General Meeting, ordingly.		
	nared between HSC Pension and NHS Retirement Fellowship to of administration and notification of Local and Regional events.		
Signature:			
Address:			
Post Code:	Tel No; (incl. Code)		
Date:			
HSC Pensions SB. No	(as shown on monthly pension Payable Order)		
Gift Aid			
Fellowship. There is no extra cost to yourself and no fut	er for members who are UK tax payers to help the NHS Retirement ture commitment. Please complete this Declaration form, the effect donation by 20% - to the benefit of both the Region and Branches.		
Title: Forename(s):	Signature:		
Surname:	Date:		
Address:	You must pay an amount of Income Tax (or Capital Gains Tax) at least equal to the tax the Fellowship will claim on your donation.		
Postcode:	You may cancel this Declaration at any time.		

I want the NHS Retirement Fellowship (NI) to treat all donations and subscriptions I make from the date of this Declaration, as Gift Aid Donations.