



**IN ASSOCIATION WITH NORTH WALES POLICE FEDERATION
MEMBERSHIP APPLICATION FORM**

Member Details			
Marital Status: sensitivity			
Surname (Mr/Mrs/Ms/Miss)			
Full Forenames			
Home Address			
			Post Code
Tel No		Email Address	
D.O.B.	Date Joined Force		National Insurance No
Force	Rank		Collar Number
Serving Officer <input type="checkbox"/>	Police Staff <input type="checkbox"/>	Transferee <input type="checkbox"/>	Student Officer <input type="checkbox"/>

Please complete the following if you wish to include your Spouse/Partner and/or Children (under 21).

PLEASE INDICATE BELOW IF YOUR SPOUSE/PARTNER IS A SERVING OFFICER

Surname	Forenames	Relationship to Member	Date of Birth

Membership Cover (Please tick appropriate box)

Member Only Member & Spouse/Partner Full Family One Parent Family

Where did you learn about the Healthcare Scheme? _____

I agree to pay the appropriate amount deducted from my salary. I have read the rules and agree to be bound by them. I am fully aware that benefit is not payable during the first 24 months of membership for any pre-existing conditions.

Signed Name (Please Print)

Payroll No. Date

Please return to:

Healthcare Administrator, Northumbria Police Federation, 11-14 Apex Business Village, Annitsford, Cramlington, Northumberland, NE23 7BF.
Email Healthcare@npf.polfed.org

DATA PROTECTION DISCLAIMER STATEMENT

The National Police Healthcare Scheme take the security and privacy of your personal data very seriously. To read our full privacy/fair use statement, please visit our website www.norpolfed.org.uk. The statement can be accessed at the bottom of the homepage.