

ITB PENSIONERS ASSOCIATION

MEMBERSHIP APPLICATION

PLEASE ENROL ME AS A MEMBER OF THE ITB PENSIONERS ASSOCIATION

Please complete in BLOCK CAPITALS

Surname:..... **Initial(s):**..... **Title:**.....

Address:.....

.....

..... **Post Code:**.....

Telephone:..... **Date:**.....

Name of former ITB or successor body.....

I am: - (please tick relevant statements, **including** one of last two):

..... **an ITB Pensioner**

..... **I am receiving a pension as a..... widow/.....widower** - please tick which

..... **a Preserved Pensioner**, and I expect my pension to start in year

..... **receiving benefit from ITB as an Adult dependant**

..... **in the CLOSED FUND** / classification

..... **in the OPEN FUND** / classification

I enclose:

..... **a completed Standing Order Mandate (Life &Annual members ONLY.)**

Payment is **NOT** required for other membership classifications .e.g. widow/er

Please make **S.O. Mandate** (attached, if app.) payable to: **ITB PENSIONERS ASSOCIATION**

Please send to Treasurer, until such time as we have a new Membership Secretary. to: **N P Graham ,12 Park Crescent, Posanooth, Truro TR3 7HY.**

(receipt of application will be will be acknowledged, if requested)