

ITB PENSIONERS' ASSOCIATION
MEMBERSHIP APPLICATION FORM
Please use block capitals

Please enrol me as a member of the ITB Pensioners' Association.

Surname: _____ **Initials:** _____ **Title:** _____

Address: _____

_____ **Postcode:** _____

Telephone: _____ **E-mail:** _____

Signature: _____ **Date:** _____

Name of former ITB or successor body: _____

I am (please tick relevant box):

a Pensioner

a Preserved Pensioner

receiving a pension as a Widow or Widower-Please indicate

receiving benefit as an Adult Dependant

I enclose (please tick relevant box):

a cheque for £150.00 for Life Membership

a Standing Order Mandate for Annual Membership

a cheque for £11.00 for Annual Membership

nil, because I am the Widow/Widower/ Adult Dependant of a past member.Please indicate

I am (please tick relevant box):

in the Closed Fund

in the Open Fund

Preserved Pensioners only, I expect my pension to start in (state year only): _____

Please make cheque payable to: ITB PENSIONERS' ASSOCIATION and send, together with the Standing Order Mandate if used, to:

Trevor Oliver,
Membership Secretary
12 Masons Place,
NEWPORT
TF10 7JT

Information on this form will be stored in a computer system and will be used for statistical and membership purposes only. The Association will not pass any personal details to other persons or organisations.