**SOUTH YORKSHIRE POLICE**

**NATIONAL ASSOCIATION OF RETIRED POLICE OFFICERS**

**To: Pensions Department, South Yorkshire Police Headquarters,**

 **Carbrook House, 5 Carbrook Hall Road, Sheffield S9 2EH**

**Please enrol me as a member of the National Association of Retired Police Officers.**

**FULL NAME: ………………………………………………………………………………… Male / Female / Widow**

**NATIONAL INSURANCE NUMBER: ………………………………………………..**

**DATE OF BIRTH: ……………………………………………………………………………**

**FULL ADDRESS INCL POST CODE: ……………………………………………………………………………………….**

**…………………………………………………………………………………………………………………………………………..**

**…………………………………………………………………………………………………………………………………………..**

**TELEPHONE NUMBER:**

**Home: …………………………………………………………………**

**Mobile: ………………………………………………………………..**

**E-mail: ………………………………………………………………….**

**NAME OF SPOUSE / PARTNER: …………………………………………………………………………………………**

**DATE OF BIRTH OF SPOUSE / PARTNER: ……………………………………………………………………………**

**FORCE PENSION NUMBER (Allocated by Pensions Dept.): …………………………………………………**

**I hereby authorise my membership subscription (at appropriate monthly rate) to be deducted from my monthly pension and paid to the under-mentioned Branch of the National Association of Retired Police Officers.**

**Barnsley Branch / Doncaster Branch / Rotherham Branch / Sheffield Branch**

**(Circle Branch of choice)**

**SIGNATURE: …………………………………………………………………….. DATE: …………………………………….**