

NHS Retirement Fellowship Huddersfield Branch



Membership Application Form

Please complete in **BLOCK CAPITALS**

Reg Charity No 287936
Patrons Ken Jarrold CBE
Ethel Armstrong

I wish to apply for membership of the Huddersfield Branch of the NHSRF
I enclose a cheque for £.....(£13.00 per person and covers the period April to
March each year - Please make cheques payable to **NHSRF – Huddersfield Branch**)

Dr/Mr/Mrs/Miss.....

(Name in full)

Address.....

.....

Post Code **Phone number**.....

E.mail address.....

Date of birth..... **Date of retirement**.....

Place of NHS employment and post.....

Special Interests.....

I would like a Gift Aid declaration form - Yes / No

(If you pay tax, then the NHSRF and branch will benefit)

How did you hear about the NHSRF ?.....

Signed..... **Date**.....

In case of emergency e.g. illness or accident occurring during a meeting or a social function it is advisable to have a name and number of a relative or friend whom we could contact if necessary.

Please complete **ALL** the information below in **BLOCK CAPITALS**.

This information is confidential and will only be used in emergency

Your name.....

Contact name.....

Contact address.....

Contact phone number..... **Mobile**.....

Relationship of contact.....

Please return this application form and your cheque to: -

**C Billington, 14 Raiborn Avenue, Salendine Nook,
HUDDERSFIELD, West Yorkshire HD3 3UJ**

Thank you for providing this information which will be used ONLY for branch records, in accordance with the Data Protection Act, we therefore treat this as CONFIDENTIAL