



Registered under the Friendly Societies Act 1974. Registration No. 1132F Authorised and Regulated by the Financial Services Authority
 Suite 2, Alma House, Alma Road, Reigate. RH2 0AX Tel: 01737 226060

APPLICATION FOR MEMBERSHIP OF SICK FUND

WEEKLY CONTRIBUTION PER UNIT (£21 pw benefit)

Sick Fund: 80p

Associate Member: £1.00

NO JOINING FEE

Please use CAPITAL letters. Complete sections 1, 2 and 3.

1. Application

Title: Mr Mrs Ms Miss * Company: _____
 Surname: _____ Location: _____
 First Name(s): _____ Occupation: _____
 Home Address: _____ Employee Number: _____
 _____ Date of Birth: _____
 _____ Postcode: _____ National Insurance Number: _____

I hereby apply for membership of the Sick Fund of the Society in accordance with the rules of the Society from time to time in force, and I hereby declare that the foregoing particulars are to the best of my knowledge correct.

Signature: _____ Date: _____ *Delete as necessary

Please note that all material facts must be disclosed which would be likely to influence the assessment and acceptance of your application. If you are in any doubt whether certain facts are material then these facts should be disclosed. A copy of the Society's Rules will be issued to you on request but it is also available for download from the Society's website, www.busemployees.co.uk, at any time. A copy of this complete Application Form will also be available on request.

2. Number of Units – MAXIMUM 5

Full member applicant _____ Units at 80p Total cost £ _____
 or
 Associate Member applicant _____ Units at £1.00 Total cost £ _____

Form last updated
January 2013

3. Payroll Deduction Mandate

Surname: _____ Location: _____
 Initials: _____ Payroll No: _____ National Insurance Number: _____

If my application is accepted I hereby authorise my employer or his agent to deduct from my pay, until further notice, with effect from the date of entry into the Society, the contributions payable by me as provided in the rules and regulations of the Bus Employees' Friendly Society, and to pay the amount so deducted to that Society, the current weekly rates of contribution being those shown above on this mandate.

Signature: _____ Date: _____

FOR OFFICE USE ONLY

	Sick Fund	Assoc memb	Total	Date of entry to Sick Fund	Date of entry of Assoc Member	Date mandate passed to payroll
Per week						
Per calendar month						