



Trinidad & Tobago Police Retirees Association

First Floor, Riverside Plaza Annexe, Besson Street Port of Spain

Telephone # 624-9876

Email: tpsretirees1@gmail.com

APPLICATION FOR MEMBERSHIP

LAST NAME:	FIRST NAME:	MIDDLE NAME:	REGIMENTAL #	Place recent photo here.
ADDRESS:		EMAIL ADDRESS:		
PHONE # (HOME)		CELL #:		
DATE OF BIRTH: (D/M/Y)		DATE OF RETIREMENT: (D/M/Y)		
SERVICE INFORMATION:				
SERVICE START DATE:	(D/M/Y)	SERVICE END DATE:	(D/M/Y)	POSITION HELD:

BENEFICIARY INFORMATION 1

LAST NAME:	FIRST NAME:	MIDDLE NAME:	MAIDEN NAME (IF ANY)
ADDRESS:		EMAIL ADDRESS:	
PHONE # (HOME)		CELL #:	
NATIONAL IDENTIFICATION: (ID/DP)		RELATIONSHIP:	

BENEFICIARY INFORMATION 2

LAST NAME:	FIRST NAME:	MIDDLE NAME:	MAIDEN NAME (IF ANY)
ADDRESS:		EMAIL ADDRESS:	
PHONE # (HOME)		CELL #:	
NATIONAL IDENTIFICATION: (ID/DP)		RELATIONSHIP:	

I agree that should my beneficiary pre-decease me, and should I not nominate another beneficiary, my death benefit payable by the Association would be paid to the Funeral Home charged with my funeral arrangements.

REGISTRATION AND SUBSCRIPTION FEE

I _____ having been accepted as a member of the above-named Association hereby pay the application fee of Ten (\$10.00) dollars and agree to pay a monthly subscription of One Hundred and twenty - five (\$125.00) dollars, or as determined by the membership from time to time.

Signature: _____ Date: (D/M/Y) _____

METHOD OF PAYMENT: PENSION DEDUCTIONS

OFFICIAL USE

RECOMMENDED BY:	APPROVED		NOT APPROVED	
LEDGER NO:	DATE: (D/M/Y)			
GENERAL SECRETARY:	PRESIDENT:			