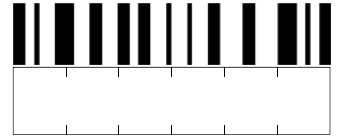




Police Welfare Association

Police Welfare Fund

MEMBERSHIP APPLICATION FORM



Office use only

APPENDIX "X"

Personal Address of Applicant

.....

 Date.....

The Secretary
 Police Welfare Association Committee
 Police Welfare Fund
 Providenciales
 Turks and Caicos Islands

Dear Sir/Madam:

I _____ hereby apply to become an
 _____ member of the Royal Turks and Caicos Islands Police Force Welfare Fund.

DOB: _____
 mm dd yyyy

Rank: _____

Enlistment date: _____
 mm dd yyyy

Telephone: _____ e-mail address: _____

Number of Dependents: _____

Next of Kin: _____ Telephone: _____

Beneficiary

Full name of Person(s)	Address	Percentage of Benefit
Person:		%
Person:		%
Person:		%
Person:		%
All percentages must be whole and add up to exactly 100%		TOTAL 100%

MONTHLY CONTRIBUTIONS

A monthly payment in respect of **1% of basic salary paid to the Police Welfare Association** at the rate of \$ _____ should be _____ effective _____ to be made via _____ to _____

Print Name: _____ Signature: _____ Date: _____

FOR OFFICE USE ONLY			
Documents Checked by Whom & Date		Approved by & Date	