

PENSIONER MEMBERSHIP APPLICATION FORM

MEMBER NAME	MEMBER NUMBER	AGE	M/SHIP PERIOD	DEPENDANT NAMES	RELATION	AGE	SCHEME	CURRENT SUBSCRIPTION RATE
				1.				
				2.				
				3.				
				4.				
NAME OF CURRENT EMPLOYER	DATE OF EMPLOYMENT		DATE OF TERMINATION OF EMPLOYMENT WITH CURRENT EMPLOYER		REASONS FOR TERMINATION (Where ill-health is cited a motivational medical report from personal doctor should be attached)			

DECLARATION OF FUTURE ECONOMIC ACTIVITIES (Please tick where applicable and provide details as necessary)					DECLARATION OF INCOME		
1. Do you own any existing business or business interests (i.e. shares etc)?	YES <input type="checkbox"/>	NO <input type="checkbox"/>				PRINCIPAL MEMBER	SPOUSE
2. Are you planning on running a business or participating in any new business interests?	YES <input type="checkbox"/>	NO <input type="checkbox"/>			CURRENT SALARY		
3. Is your spouse retired or in active employment?	YES <input type="checkbox"/>	NO <input type="checkbox"/>			FUTURE SALARY/PENSION FEE		

<p>Note: The primary requirements for pensioner membership applicants include;</p> <ul style="list-style-type: none"> a. A full uninterrupted 10 years membership with the Society b. Age over 65 years for normal retirement and 55 years for retirement due to ill-health c. No under-aged dependents d. No continued economic activity for applicant or spouse. e. A clean/regular subscription payment history. 	<p><u>NEW CONTACT DETAILS</u></p> <p>Postal address.....</p> <p>.....</p> <p>Telephone numbers.....</p> <p>.....</p>
---	---

I hereby declare that the above information is true and correct and confirm that no information relevant to this application has been withheld.

SIGNED.....DATE.....

FOR OFFICIAL USE ONLY

OPERATION MANAGER		CEO	
SIGNATURE	DATE	SIGNATURE	DATE