



APPLICATION FORM FOR MEMBERSHIP OF THE London Fire Brigade Welfare Fund

Lewisham Fire Station
249 – 259 Lewisham High Street
London SE13 6NH
Tel: 020 7407 3964
Email: info@lfbwelfarefund.com
Web: www.lfbwelfarefund.com

SURNAME:		FORENAMES:	
PAYROLL / PENSION NUMBER:		DATE OF BIRTH: / /	LAST DAY OF SERVICE (If retiring) / /
ADDRESS:			
TELEPHONE NUMBER(S):			PRESENT/LAST STATION OR DEPT
EMAIL (HOME):			
By providing us with your email address, you are giving us your permission to send you emails and offers from the London Fire Brigade Welfare Fund. Your data is safe with us and will not be passed onto a third party.			

LOTTERY* Please also use this form if you wish to increase the number of your lottery chances.

Please Tick	£5		£10		£15		Other Amount <small>(please specify)</small>	£
(A single entry or "chance" costs £1 up to a maximum of 15 chances monthly)								

Only Members of the Welfare Fund can participate in the Welfare Fund Lottery. You must be 16 or over to play or claim a prize in the Lottery. I agree that the amount selected may be deducted from my London Fire Brigade salary each month, to be paid to the Welfare Fund, on my behalf by way of payment for my participation in the Welfare Fund Lottery.

*Lottery registered with: The Lotteries Section, Gambling Commission, Fourth Floor, Victoria Square House, Victoria Square, Birmingham B2 4BP www.gamblingcommission.gov.uk If you think you need help controlling your play, or just want to find out more, please visit the GamCare website at:

www.GamCare.org.uk. Gamcare is the UK's national centre for information, advice & practical help regarding the social impact of gambling, to put measures in place to protect players & offer help & advice to keep players playing responsibly. **Please turn over**

DEATH BENEFIT SCHEME: MEMBER DECLARATION.

I, the undersigned, hereby state that I have read and understand the information within this form			
MEMBER'S SIGNATURE:		TODAY'S DATE:	

In the event of my death, I wish that any benefits arising from the Death Benefit Scheme (payable up to the age of 70 years) referred to in the Regulations of the Welfare Fund to be paid in full to my legally nominated next of kin, who is identified below

NAME OF NOMINEE:		NOMINEE'S DOB:	/ /
NOMINEE'S CURRENT ADDRESS:			
MEMBER'S SIGNATURE		TODAY'S DATE:	/ /

I wish to **become a SERVING/RETIRED MEMBER** of the London Fire Brigade Welfare Fund Limited ("the Welfare Fund"), in accordance with the Memorandum and Articles of Association of the Fund and subject to the Regulations issued by the Executive Council from time to time.

I agree that my membership subscription fee may be deducted from my LFB salary/LPFA pension each month, to be paid to the Welfare Fund, at such rates as the Executive Council determine in accordance with the Articles of Association of the Welfare Fund (**£6.00** per month for serving members & **£3.00** per month for retired members) & notified to the membership. Upon retirement we will automatically continue your membership, with your monthly payments reduced from £6 to £3, being deducted at source from your pension. We will notify you at least 14 days in advance with instructions on how to opt out should you wish not to continue.

I understand that I may cancel my membership (and/or participation in the Welfare Fund Lottery) by giving one month's notice in writing to the Welfare Fund at the address below.

By supplying an email address, I agree to receive any notices or other communications from the Welfare Fund by email and/or as posted on the Welfare Fund's website instead of by post.

KEEP US INFORMED

Our aim is to reach every member with information of forthcoming events quickly and efficiently. The only way of doing this is by having your correct postal address, telephone number and email address.

If any of these change, please inform the Office as we are not notified of changes by the LFB or Pensions.

We are also on Facebook & Instagram. Please follow us.

