



REGISTRATION FORM

I would like to register with the PFOA (complete in capitals)

SURNAME.....FORENAME.....TITLE.....

FORCE.....

WORK ADDRESS.....

SHOULDER NO/PREFIX/WARRANT No...../.....RANK.....

WORK EMAIL.....

CONTACT PHONE NUMBER.....MOBILE No.....

I WOULD LIKE TO CONTRIBUTE BY: (please circle)

- STANDING ORDER
YEARLY £48
- CREDIT/DEBIT CARD
6 MONTHS £24
- CHEQUE (payable to PFOA)
QUARTERLY £12
- MONTHLY £4

Please advise date you wish payment to be taken.....eg 14th Month

DEBIT/CREDIT: MasterCard/Visa CARD TYPE.....

(Amex NOT accepted. Switch/Maestro not accepted for recurring payments)

Card No

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Start date

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Expiry date

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Issue No

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3 digit security No

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All information will be treated as strictly confidential

The PFOA will hold your details for registration purposes in accordance with the 1998 Data Protection Act. All details will be treated with the utmost confidence and will not be shared with any other agency. If you require support from the Association your registration number will be used for any correspondence/contact.

I hereby apply for registration with the PFOA and agree to abide by the bylaws and regulations published by the Association.

Signature.....

Dated.....

Please post application to:

The PFOA
PO Box 116
March
PE15 5BA

www.pfoa.co.uk

Tel: 0845 543 0163