

FRSA membership application form

t: 01953 455005 | www.frsa.org.uk | e: hq@frsa.org.uk



| 1. Your personal details (please complete using BLOCK CAPITALS) | |
|---|----------------|
| Mr/Mrs/Miss/Ms (delete as appropriate) | Rank/Role: |
| Forenames: | |
| Surname: | Date of Birth: |
| Home address: | |
| Postcode: | Next of Kin: |

| 2. Fire Service Details | | |
|-------------------------|--------------|---------------------|
| On-Call Role | Date Joined: | Station/Department: |
| Wholetime/Support Role | Date Joined: | Station/Department: |

| 3. Contact details | |
|--------------------|--------|
| Telephone: Home: | Work: |
| Mobile: | Email: |

| 4. Primary job, skills and qualifications | |
|--|-----------------------------|
| | National Insurance No: |
| PLEASE RETURN YOUR COMPLETED FORM TO: FRSA, FREEPOST ANG4726 , Station Road, Attleborough, Norfolk NR17 2AS | Head Office Use Only |
| | Membership No. RF |
| | Valid from: |
| | FRSA Ins: Yes / No |

| 5. Monthly Membership Type (Please tick applicable box/es) | |
|---|--------------------------|
| On-Call/Retained (£9.50) | <input type="checkbox"/> |
| Wholetime/Support/Control (£14.25) | <input type="checkbox"/> |
| Dual Contract (£14.25) | <input type="checkbox"/> |
| On-Call/Retained Firefighter in Development (£1.00) | <input type="checkbox"/> |
| FRSA's Accidental Injury, Illness and Death Insurance Scheme (£4.99) | <input type="checkbox"/> |

The lower membership rate of £1.00 for the first 12 months in development excludes legal protection.

Monthly membership subscription can be paid by either **Direct Debit** to which a mandate will be sent to you for completion and return or by **deduction from your salary** (complete section 6 overleaf).

| | | | | |
|------------------|--------------------------|--------------------------|--------------|--------------------------|
| Please tick one: | Deduction from my salary | <input type="checkbox"/> | Direct Debit | <input type="checkbox"/> |
|------------------|--------------------------|--------------------------|--------------|--------------------------|

SIGNED _____

DATE _____

By signing this form you agree to abide by the Constitution & Rules of the FRSA.

| 6. | FULL NAME | PAYROLL REF | SIGNATURE | DATE |
|----|-----------|-------------|-----------|------|
| | | | | |

To: FIRE AUTHORITY/FIRE & RESCUE SERVICE/COUNCIL

I the undersigned hereby authorise my Fire Authority/Fire & Rescue Service to deduct from my wages as an Employee the sum of:

£9.50/£14.25 (*delete as appropriate*) per calendar month, or such an amount that may be requested by the FRSA to become a Full Member

£1.00 per calendar month during the first 12 months of development and then reverting to £9.50 thereafter, or such an amount that may be requested by the FRSA to become a Full Member

I also wish to be a member of *the FRSA's* Accidental Injury, Illness and Death Insurance Scheme for £4.99 per calendar month or such an amount that may be requested by the FRSA

Please stop deductions previously made to the Fire Brigades Union (*if applicable*)

I understand that I am solely responsible for notifying the Fire Authority/Council in writing if deductions are to cease and that the Fire Authority/Council can make no refund at any time.

STATION/DEPARTMENT _____



Please complete in BLOCK CAPITALS and return the entire form using the FREEPOST address