

HASSRA

MEMBERSHIP FORM FOR RETIRED MEMBERS



When completed please send to:

Retired Membership Secretary
HASSRA Corporate Services
The Balcony, Level 2,
The Adelphi
1 – 11 John Adam Street
London WC2N 6HT

I MR/MRS/MISS/MS
(Name in block letters please)

hereby authorise the deduction of the following sum(s) from my pension until further notice:-

£1.50 a month in respect of HASSRA

Former Office _____

Civil Service Pension Reference Number _____

National Insurance Number _____

Date of Birth _____

Home Address _____

_____ Post Code _____

Current HASSRA Region _____

Former Staff Number _____ Date retired from _____

_____ Signed

_____ Date

(For Official Use Only)

MEMBERSHIP	ACTIONED
HASSRA	

