

Subscription Waiver Form

Name

Membership NumberBranch Number

Employer.....

National Insurance NumberStaff Payroll Number

Contact Phone Number.....

Home Address

.....

.....Post Code

Reason for Waiver

Subscription waiver date fromto

Please tick: (From half pay to nil pay)

Sick Leave.....

Maternity.....

Career Break.....

Tribunal.....

Signature.....Date.....