



Trinidad & Tobago Police Retirees Association.

First Floor, Riverside Plaza Annexe, Besson Street, Port Of Spain.

Telephone #624-9876

E-Mail Address: ttsretirees1@gmail.com & policeretireestt@hotmail.com.

ESTABLISHED IN 1973

NAME OF APPLICANT: REGIMENTAL #.....

ADDRESS:

PHONE # (HOME: _____ (CELL): _____

DATE OF BIRTH..... DATE OF RETIREMENT.....

BENEFICIARY INFORMATION

NAME:

ADDRESS:

.....

PHONE # (HOME: _____ (CELL): _____

I agree that should my beneficiary pre-decease me, and should I not nominate another beneficiary, my death benefit payable by the Association would be paid to the Funeral Home charged with my funeral arrangements.

APPLICATION/MEMBERSHIP SUBSCRIPTION

I Having been accepted as a member of the above Association hereby pay the application fee of **\$10.00** and agree to pay a monthly subscription of **\$125.00**.

METHOD OF PAYMENT

PENSION DEDUCTIONS

ASH

DATE:

SIGNATURE:

OFFICIAL USE

RECOMMENDED BY: APPROVED NOT APPROVED

LEDGER NO: DATE:

SECRETARY: PRESIDENT:

1. Kindly attach to this application a passport size picture of yourself.
2. Kindly indicate any skills you might have and which you are willing to put at the disposal of the Association.