

APPLICATION FOR MEMBERSHIP



GUERNSEY ASSOCIATION
OF PENSION PROVIDERS

Name of Organisation/
Applicant :

.....

Address :

.....
.....
.....

Telephone Number :

.....

Name of Fund
represented

.....

Appointed Representative:

.....

Appointed Rep E-Mail:

.....

Alternative Representative:

.....

Alternative Rep E-Mail:

.....

Membership Type
(Please tick only one box)

Full

Associate

Overseas

Current Subscription £60.00pa

Payment may be made by cheque or credit transfer.
Please confirm how subscription is to be paid below.

Cheque

Credit transfer

Cheques should be payable to : GAPP

Bank transfers should be made to:

Bank: NatWest

Sort code: 60 - 09 - 20

Account Number: 70622558

Account Name: GAPP

Please return this form to :

Greg Spencer, Hon Treasurer, GAPP

c/o BWCI Group, P O Box 68, Albert House

South Esplanade, St Peter Port, Guernsey, GY1 3BY