

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

(Please tick the box)

I/We acknowledge that the Guernsey Association of Pension Providers may use my/our personal data for the purposes of communicating upcoming events and providing other relevant services. Other relevant services includes disclosing my/our personal data to BWCI Group for the purposes of performing the administrative role of the Guernsey Association of Pension Providers.

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