

**ESSEX COUNTY FIRE AND RESCUE SERVICE**

**RETIRED MEMBERS ASSOCIATION**

**NEWSLETTER JUNE 2023**

 The eveWaa

**ESSEX COUNTY FIRE AND RESCUE SERVICE**

**RETIRED MEMBERS ASSOCIATION**

**Membership Application Form**

 The eveWaa

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 **IMPORTANT INFORMATION**In submitting this application form I understand that my signature below confirms that I give consent that the RMA may hold and process my personal information for the purpose of keeping me informed of news, events, monthly newsletters and activities and that my personal data will be used for no other purpose whatsoever and will not be divulged to any third party without my consent. I also give consent to the publication of any photographs taken at events in which I appear. Personal details will be immediately destroyed if membership of the RMA is no longer required. I understand that I am able to withdraw my consent at any time. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SUBSCRIPTION** The membership subscription of the ECFRS RMA is £3.00 per annum payable by Standing Order and you should instruct your bank to pay £3.00 on 1st April annually, starting next April (the first year or part thereof is free). Account Name: ECFRS Retired Members’ Association, Account Number: 49411768, Sort Code: 30-91-85. Add your name as the comment to enable the payment to be identified.
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 **I wish to enrol as a member of the Essex County Fire and Rescue Service**

**RETIRED MEMBERS’ ASSOCIATION**
**BLOCK CAPITALS PLEASE**

Name .................................................................................................................................

Name of Spouse/Partner ...................................................................................................

Address .............................................................................................................................

Post Code ................................... Telephone/Mobile Number .........................................

Email Address ..................................................................................................................

Date of Birth ........................................ Service Details: ……………………………..........Length of Service ................................ Last Position.......................................................

Signed.................................................................. Date ...................................................

*Completed form to be forwarded to:*Barry Cable
Honorary Secretary
“Briarlea” Southend Road, Billericay, CM11 2PR
Or by email to: barryccable@gmail.com