NFSP CONFIRMATION OF MEMBERSHIP FORM

Please complete all fields in BLOCK CAPITALS (one form per office is required) and either return in the SAE provided, or scan and email to members@nfsp.org.uk

TITLE:	
NAME OF SUBPOSTMASTER: (contract with POL)	
BUSINESS NAME:	
SUB POST OFFICE NAME:	
FAD CODE:	
SUB POST OFFICE ADDRESS:	
SUB POST OFFICE TELEPHONE NUMBER:	
SUBPOSTMASTER MOBILE NUMBER:	
SUBPOSTMASTER DATE OF APPOINTMENT:	

SUBPOSTMASTER CONTRACT TYPE: (please tick which applies)	
Traditional	
Main	
Local	
Local Plus	
A designated Community Branch in receipt of investment (under the Post Office Community Fund)	
Other (please specify)	

EMAIL ADDRESS:	

SUBPOSTMASTER SIGNATURE:	DATE:

By signing above, you agree to abide by the Articles of Association of the NFSP which can be downloaded HERE. Your membership of the NFSP will continue for as long as you remain a post office operator and wish to continue in membership, subject to the Articles of Association of the NFSP.

The NFSP holds personal data about all members. This data is used to process your membership, provide you with information to enable us to carry out membership activities and to provide us with management and statistical information. We may inform Post Office Ltd of your desire to join the NFSP. The NFSP may keep you informed about products and services that may be of interest to you. By signing this application you consent to your data being used in this way.