



## 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](mailto: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:	
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SUBPOSTMASTER SIGNATURE:	DATE:

By signing above, you agree to abide by the Articles of Association of the NFSP which can be found and downloaded from our website <https://nfsp.org.uk/> 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 application, assign you a membership number and track your membership status. We will notify Post Office Limited of your desire to join the NFSP and use your information for communication purposes that relate to membership benefits, events, marketing materials about related products or services. We may also share your information with our preferred partners to supply and distribute information that we feel may be of interest e.g. The SubPostmaster magazine. If you wish to opt out, please contact us.

By signing this application, you consent to your data being used in this way.