

CUMANN ARACHAIS FEAR NA BUAN ÓGLAIGH

(Registered under the Friendly Societies Act 1896)

No First Name Surname

Unit

1. I hereby apply for membership of Cumann Arachais Fear na Buan Óglaigh.

My date of birth is

2. I hereby request and authorise the deduction from my pay of the contributions required under the provisions of the Society.

3. I hereby authorise any further deductions in respect of increases in the premiums relating to any further increases in benefits which may be decided from time to time.

4. I understand that all contributions deducted from my pay will be refunded to me when I am no longer a member of the Permanent Defence Forces.

5. I hereby nominate my:

(relationship if any)

First Name Surname

Address

as the person to receive the whole of the money payable at my death under the rules of Cumann Arachais Fear na Buan Óglaigh, and I understand that I may alter this nomination at any time.

Date

Signature

Signature of Witness

