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# Prison Officers' Medical Aid Society

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**NAME ( block capitals)**

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**PAY NO.** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**PRISON OR INSTITUTION CURRENTLY SERVING IN :** \_\_\_\_\_

**I AM RETIRING FROM THE PRISON SERVICE ON** \_\_\_\_\_

**AND I WISH TO CONTINUE MY MEMBERSHIP AS A RETIRED MEMBER.**

**BANK NAME** \_\_\_\_\_

**SORT CODE** \_\_\_\_\_

**ACC NO.** \_\_\_\_\_

**SIGNATURE** \_\_\_\_\_

**DATE** \_\_\_\_\_