



NCOA
National Crime Officers Association
The Trade Union of the NCA

Membership Application Form

Your Personal Details

Title

Forename (s)

Surname

Date of Birth

Home Address

House Name/Number

Street Name

City

County

Postcode

Mobile Telephone

Personal Email*

***Must not be your NCA email address**

Your Employment Details

Staff number

Grade

Workplace

*This should be a six-digit number beginning with 1 or 2

Department

Directorate

Do you hold NCA Powers

When you submit this application form you must also complete a Direct Debit application. You can do this online from our website www.ncoa.org.uk, you will find the form under 'Application Forms'. You can also download a hardcopy and email a signed, scanned copy to membership@ncoa.org.uk or post it to the NCOA HQ at, I Dundonald Ave, Stockton Heath, Warrington. WA4 6JT.

Monthly Subscription Rates: G1 £21.75 ODP & G5-G2 £16.95 G6 & Part-Time workers (Up to G2) £12.15

We don't share your data with 3rd parties. We will need to contact you to update you on important engagement with your employer (i.e., pay), or membership changes. Membership data is held in line with the NCOA's GDPR policy. The quickest way to be contacted on urgent matters is via SMS (Text).

Please choose the preferred method of contact: SMS Text Personal Email Letter Phone

You may unsubscribe from these communication methods at any time simply by contacting the NCOA.

Please note that the NCOA utilises BACS Approved Direct Debit Bureau, Access PaySuite (www.accesspaysuite.com), to collect your payments and 'NCOA' will be shown on your bank statement.

I am applying for membership of the NCOA. I agree to join NCOA and declare that I will observe the terms of its rules and constitution. I agree to set up a direct debit which will be taken on the 1st of the month and acknowledge that this amount may be fixed from time to time by the NCOA.

The NCOA reserves the right to decline representation on any issue pre-dating this application

Subscription levels are linked to Grade and part time/full time status. It is incumbent on you as a member to update us re any changes which might affect your subscriptions. Where changes result in reduced subscription payments, the NCOA may agree to issue a refund of any overpayments. In such circumstances, payments will be limited to a maximum of 3 months from the point of notification.

Check here to acknowledge you have read and understand the above conditions.

Death benefit nominee

NCOA membership pays a death benefit of £5,000 to your nominee. Please enter your nominee below:

Title

Date of Birth (dd/mm/yy)

Forename(s)

Surname

Home Address

City

Postcode

Relationship of nominee to you

Signed

Date

"Protecting those who protect the public"

V8 Aug '24

Membership Application Form

As a new recruit, on joining the NCOA you are automatically provided with 4 months membership of the Insurance Benefit Trust (IBT) totally free of charge.*

The benefit package provided through the Trust is comprehensive and you may find it is possible to replace several other insurance policies you currently have in place. Please take time during any free period to review your current arrangements and decide for yourself if this package saves you money. (For full details visit www.ncoa.org.uk or refer to the current NCOA Membership booklet)

You must fully complete the form below to take advantage of this offer. Acceptance cannot be guaranteed until confirmation is received from PW & Co. If at the end of the free period you decide you do not wish to continue cover, please ensure that you contact Philip Williams & Company on 01925 604421 in good time.

Declaration/ Payroll Authorisation

I confirm I have been actively at work in my usual occupation for a period of 8 consecutive weeks prior to my intended commencement of cover date (normal annual holiday entitlement may be ignored) and that I have not had more than 14 days absence through illness and/or injury during the last 12 months.

I confirm I am in good health and not aware of any condition or symptoms which may give rise to a claim under this insurance.

I confirm I am not in receipt of any ongoing treatment or care (including check-ups or regular medication) for any accident, illness, or medical condition.

I confirm that I am not currently awaiting referral to a medical practitioner or specialist/consultant and I am not awaiting the results of any tests or medical investigation.

I confirm I have not had any application for insurance declined, postponed or subject to an increased premium or other special terms, and that I have not previously made any claim for Critical Illness or Sickness insurance.

I understand that if this declaration is found to be untrue then my insurance will be invalidated and scheme membership cancelled with no return of premiums.

I authorise NCA Payroll Department to deduct the appropriate subscription from salary.

No IBT Subscriptions will be taken for the first 4 months of membership for new recruits.

Member Name _____ Date _____

Member Signature _____

If you are unable to sign the above declaration, please complete a fully underwritten Application Form which is available from Philip Williams & Company Tel. 01925 604421

Your Spouse/Cohabiting Partner can also take advantage of the 4-month free period and the Application Form is available on the NCOA website or by contacting Philip Williams & Company on the above telephone number

Once completed please return this form with a completed Direct Debit Form to:

NCOA Membership
1 Dundonald Ave
Stockton Heath
Warrington
WA4 6JT.

Data Protection: The NCOA 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.