RETIRED CIVIL AND PUBLIC SERVANTS’ ASSOCIATION

*COMHLACHAS IAR-SHEIRBHÍSEACH POIBLÍ AGUS STÁIT Established 1945*

**I am in receipt of a public service pension and I wish to apply for membership of the RCPSA**

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Official Name/Ainm: (Block caps)

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Home Address/Seoladh: (Block caps)

(include Eircode)

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Email Address:

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Mobile: Landline:

I am applying as a retired public servant or member of eir and my former Department /employing

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Body was:

I am applying as the widow/widower of a former public servant 🞎

***General Data Protection Regulation (GDPR)***

🞎 I consent to the RCPSA sharing my information with my pension provider to process/update my personal information

🞎 I consent to the RCPSA issuing its Newsletter to the address that I have provided. I understand and accept that, in order to facilitate delivery of the Newsletter to me, it may be necessary to share my name and address with a professional company/companies solely for that purpose.

🞎 I consent to the use of email for email communications from the RCPSA. I understand and accept that, in order to communicate with me by email, it may be necessary to share my name and email address with a professional company/companies solely for that purpose.

🞎 I consent to the use of bulk texting services and/or webtext for communications from the RCPSA. I understand and accept that, in order to communicate with me by this means, it may be necessary to share my name and mobile phone number with a professional company/companies solely for that purpose.

🞎 I understand that my personal data will be retained for the achievement of the purposes of the Association and will be deleted when the specific activity has ceased/come to an end (eg end of membership of the Association)

I wish to receive no communication from the RCPSA, with the exception of communications essential to my continued membership of the RCPSA (ie regarding payment of subscription). 🞎

***SIGNATURE***: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ***DATE***: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Payment Methods**

***Deduction from Pension*** –Payroll Shared Services (**PSS**), **An Post**, **eir** – **Panel 1**.

***Direct Payment*** – **Coillte, Teagasc and other members for whom direct deduction from pension is not an option** – **Panel 2**.

**IN ALL CASES THE APPLICATION FORM SHOULD BE RETURNED, SIGNED, TO**

**Membership Application, The Hon. Secretary RCPSA, An Post Box 908, South City Delivery Office, Togher Industrial Estate, Cork, T12C825**

**PANEL 1**

**To: RCPSA**

I authorise the deduction from my pension the sum of **€20** annually **to be deducted by being spread evenly over my pension payments throughout the year,** until further notice, in respect of my subscription to the Retired Civil and Public Servants’ Association.

**Pension number**: **Group number**:

***If you have not yet retired and have not yet been allocated a Pension number, please leave that box blank and we will follow up after you retire. Expected retirement date is …………………………….***

**Signed/Síniú ………………………………………………………… Date/Dáta ………………………**

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**To:** **An Post Pensions Section**

I authorise the deduction from my pension the sum of **€20** annually **to be deducted by being spread evenly over my pension payments throughout the year,** until further notice, in respect of my subscription to the Retired Civil and Public Servants’ Association.

**Pension number**: **Group number**:

**Signed/Síniú ………………………………………………………… Date/Dáta ………………………**

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**To: eir Superannuation Division**

I authorise the deduction from my pension the sum of **€20** annually **to be deducted by being spread evenly over my pension payments throughout the year,** until further notice, in respect of my subscription to the Retired Civil and Public Servants’ Association.

**Pension number**: **Group number**:

**Signed/Síniú ………………………………………………………… Date/Dáta ………………………**

**PANEL 2**

**My pension is not paid by the PSS, An Post or eir (or I do not wish to opt for deduction at source) and I wish to pay the annual amount of €20 as my subscription on an annual basis.**

**Signed/Síniú …………………………………………………………… Date/Dáta …………………**

**Please note: The Hon Treasurer will contact you to arrange your annual payment.**