



MEMBERSHIP APPLICATION (Please use BLOCK CAPITALS throughout)

Data Protection – The information you supply to GATCO on this form, will be stored on a secure IT system only for the administration of your membership and associated benefits. You will be sent a copy of our members Privacy Policy with your joining pack. (EU GDPR – May 2018)

A SURNAME: FORENAMES TITLE:
PERMANENT HOME ADDRESS:

ATC UNIT & ADDRESS:
CONTACT TELEPHONE: CONTACT E-MAIL:
DETAILS OF ATC CERTIFICATES AND LICENCES HELD AND/OR OTHER RELEVANT QUALIFICATIONS:

I wish to be considered for membership in the following category: (tick one box only)

- ATCO-UK** **ATCO - ABROAD** **FISO** **ABM(W)**
- NON OPERATIONAL ATM SUPPORT STUDENT RETIRED

I agree to abide by the GATCO rules of membership.

Signature.....Date

B **PROPOSAL** – All Applications **MUST** be proposed (See below)
Ibeing a member of GATCO in one of the categories **marked in bold above**, believe that, to the best of my knowledge, the above information is correct and I propose that the above named person be considered for membership of GATCO in the category indicated above.

Signature.....Date

C I enclose (delete as applicable):
 Signed direct debit form Signed deduction from salary form (CAA, NATS & HIAL staff only)

Please ensure you and your proposer have completed sections A, B, C.
Please post this form to: GATCO Membership Services, 4 St Mary's Road, Bingham, Notts NG13 8DW.
For more information or queries Tel/Fax: 01949 876405 E-mail: caf@gatco.org

FOR GATCO USE ONLY (GATCO rules state that your proposal needs to be seconded, GATCO will do this - no action is required by you). **Seconded by** Signature.....Date