

# TRINITY RETIREMENT ASSOCIATION

## MEMBERSHIP APPLICATION FORM - 2017

**First Name:** \_\_\_\_\_ **Surname:** \_\_\_\_\_

**Home Address:** \_\_\_\_\_  
\_\_\_\_\_

**Daytime Phone Number:** (\_\_\_\_) \_\_\_\_\_

**Home Email Address (CAPS PLEASE):** \_\_\_\_\_

**Does your Spouse / Partner also wish to become a member?**  **Yes**  **No**

**If Yes, please provide your Spouse/Partner's Full Name** \_\_\_\_\_

**Spouse/Partner's Email address:** \_\_\_\_\_

**When you ceased working at Trinity, which Department were you/your spouse employed in?** \_\_\_\_\_

**Retirement date (Month/Year)** \_\_\_\_\_

### Important Notes:

- Prospective members should review the current Constitution of the Trinity Retirement Association prior to submitting a membership application form.
- Members acknowledge that the Association operates on a self-governing and self-financing basis and holds no representational rights with the University of Dublin, Trinity College.
- For Association-affiliated member events held on campus, members acknowledge and accept that they must at all times adhere to College Health & Safety Policies. General meetings on Campus premises will be covered under the College's Public Liability Insurance Policy in a manner analogous to that for affiliated extramural activities undertaken on campus.
- For Association-affiliated member events held off campus, members acknowledge and accept that the Association does not hold insurance cover for members participating in such events, nor for travel to/from such events, and that the Association and its Officers have absolutely no liability in this regard.
- Members acknowledge that the annual membership fee falls due on **1<sup>st</sup> January** each year. For 2017, the Annual Membership Fee is €15 per member. (Please note that for those retiring in September 2017, payment of the €15 fee will cover them until 31<sup>st</sup> December 2018.)
- Cheques should be made payable to the "Trinity Retirement Association". Please send your completed application form and cheque/postal order/bank draft to The Secretary, Trinity Retirement Association, c/o Pensions Office, House 4, Trinity College, Dublin 2.

***If admitted as a member, I/we agree to be bound by the Constitution and Rules of the Trinity Retirement Association in their present form and as amended from time to time.***

**Signed:** (1) \_\_\_\_\_ (2) \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_