



**MEMBERSHIP APPLICATION FORM - 2018**

First Name: ..... Surname: .....  
(Caps please)

Home Address (Caps please) .....

.....

Telephone no: ..... Email address: .....

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

If Yes, please provide your spouse/partner's full name :

First Name: ..... Surname: .....

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 (<https://tcdretired.ie/wp-content/uploads/2014/10/Constitution-2015-pdf.pdf>)
- 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 and 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 2018, the Annual Membership Fee is €15 per member. (Please note that 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 Treasurer, Trinity Retirement Association, c/o Pensions Office, House 4, Trinity College, Dublin 2. Alternatively you can pay and join online at <http://tcdretired.ie/join-us/>

**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: ...../...../.....

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Postal Address: c/o Pensions Office, House 4, Trinity College, Dublin 2