## Membership Application Form

Please complete the application form, and send to:-
*LTOCA Membership Secretary*
E Mail membership@ltoca.org.uk

| | | | |
|---|---|---|---|
| Name | Email | | |
| DOB | Recommended by: | | |
| Address | Work Location:<br>Work for TfL: ( ) Bus: ( ) Rail: ( )<br>Subsidiary companies: ( ) please state: | | |
| Telephone | Armed Forces Connection: | | |
| Mobile | Post Code | Hat Size | Coat Size |
| **Retired Staff**: ( ) Directorate you did work for: LUL: ( ) LBL: ( ) other: | | | |
| Where you have worked/details of the work you were undertaking: | | | |
| | | | |
| I wish to join as:<br>( ) Join the LTOCA as a Full Member ( **You must fill out service details below for this option.** )<br>.....<br>( ) Join the LTOCA as an Associate Member (On invitation by the Committee only) | | | |

**Service details**

(these details required for security to be able to attend the Cenotaph Parade and Field of Remembrance or other events of the LTOCA)

| | |
|---|---|
| Service Number: | Place of Birth: |
| Years Served - From | To: |

**The LTOCA must, by law, have a member's consent to hold their personal data and that only current data can be held. By signing this application, you are consenting to the association holding your personal information. This information is used for distributing regular communications such as our Spring and Autumn Newsletters, By TfL Head Office for Attendance on Remembrance Sunday, The RBL, and, also on occasions to share information concerning members' activities.**

**By signing you are also consenting the LTOCA / TfL to use any image in conjunction with LTOCA.**

| | |
|---|---|
| Signature: | Date: |

**There is an application fee of £5, this includes your first year's membership fee.**

**Send payment to Account Number: 77077868 - Sort Code: 30-65-22**

**Include your name as reference.**

**When your application has been accepted you will receive a membership card.**

**Your application for an Associate Membership will be considered by the Committee as soon as possible.**

**If successful, you will be contacted by the Secretary.**

**Please complete the historical record section on the reverse page.**

***For office use only***

| | | | | | |
|---|---|---|---|---|---|
| *Date Received* | | *Committee Advised* | | *Membership Agreed* | |
| *File updated* | | *Member Advised* | | *Form Scanned* | |
| | | *Membership Card Sent* | | *Membership No* | |
| *Date Paid* | | *Amount Paid* £ .00 | | *Valid from* | ***20*** |

# LTOCA Historical Records

Please list your service and TfL service history below.
All information will be kept confidential.

**Service History**

**LT, LUL, LBL & TfL History**