



Application to Join the LGPS FormPlease return this form to your payroll section

About you National Insurance Number	
Surname	
First Names	
Date of Birth	
Address	
Postcode	
Your Job Details Job Title	
Post Number	
Payroll Number	
 Signing your Application to Join the LGPS Form I wish to become a member of the Local Government Pension Scheme (LGPS) I wish to join the LGPS from the next available pay period 	
Your Signature	Date

Please return this form to your PAYROLL SECTION