

Air Cabin Crew Fund (ACCF) Membership Registration Form

Name.....

Staff No.....

Rank.....FleetBase.....

Please deduct £ (Minimum £4) per month from my salary,

with effect from

- 1) This contribution will be made to the Air Cabin Crew Fund. Cancellation will be confirmed by me in writing to the Pay Office and Air Cabin Crew Fund administrators.
- 2) I confirm that I am happy for British Airways to supply the ACCF with my address as held in PeopleOnLine. Subsequently I agree to advise the ACCF of any future change of address. I acknowledge that the ACCF will not replace any benefit payment lost as a result of my failure to notify them of a change of address.
- 3) I confirm that I am happy for the ACCF to receive a report from British Airways giving the start and end dates of any sickness from 21 days duration. (Please note – the report will give no information other than the start and end dates of sickness absence.)

Signature.....Date...../...../.....

/ ... continued overleaf

Your current address details:-

| | |
|----------------------|--|
| House or Flat Number | |
| House or Flat Name | |
| Street | |
| Town | |
| County or Area | |
| Post Code | |
| Country | |

Please Post This Form To:-

**Air Cabin Crew Fund,
Europe GF, A Plate
British Airways PLC
Waterside, HFBG
P.O.Box 365
Harmondsworth
Middlesex.
UB7 0BG**



**Crew must be on an operational roster to apply for membership
and therefore qualify to receive support
and benefits from The Fund.**

In order to comply with General Data Protection Regulations, we are unable to contact those of our colleagues who are not members of the Fund. This decision is totally beyond our control and is necessary to comply with current legislation.

The Fund's Privacy Notice is available via the link on our website front page at:-
www.accf.co.uk

Thank you for applying to join the Air Cabin Crew Fund and for helping us to help others.

Val Rycraft

Val Rycraft, President, The Air Cabin Crew Fund