



APPLICATION FOR MEMBERSHIP

Contact Information

Title Mr/Mrs/Miss/Other -please specify

Full Name

Address

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Home Phone Work Phone Cell Phone

Date of Birth Email

Payroll # If Applicable Occupation.....

Fire Region Station.....

Nominated Next of Kin

Relationship to You..... Name.....

Address.....

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Contact phone Email.....

Funeral Beneficiary Payment Instructions			
Name	Date of Birth	% to receive	Contact Number

*I understand that on being approved for membership of this Society I will accept the Rules of the Society as being binding upon me.
I hereby give authority for the Society to have deducted from my wages, salary or other payments as the case may be, the contributions payable to the NZ Firefighters Welfare Society and any levies which may from time to time be imposed and subsequently ratified at the Annual General Meeting of the NZ Firefighters Welfare Society.
I will not be a full member until my first contribution has been received by the NZ Firefighter Welfare Office.
If once this form is submitted – if I do not have a payroll number, I will receive a Direct Debit form which I will complete and return to the office of the NZ Firefighters Welfare Society Office, so my full membership is confirmed.*

Signed Date.....

Office Use Only

Approve By Position.....
Signature Date.....