



# NZ FIREFIGHTERS WELFARE SOCIETY PARTICIPATION APPLICATION FORM



**TO PARTICIPATE IN THE NZ FIREFIGHTERS WELFARE SOCIETY FIRE BRIGADE CONTRIBUTION OFFER.**

**BRIGADE NAME:** .....

Name of persons that your brigade wishes to pay contributions for membership to the NZ Firefighters Welfare Society.

**Only the named members of this fire brigade can participate in this offer.**

**NAMES:** Only persons 16 years of age or older can become members.

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**THE PERSONS THAT ARE NOMINATED ABOVE ARE 16 YEARS OF AGE OR OLDER**

Signed by CFO ..... Secretary .....

Date .....

Approved by Welfare Society Board on .....