



NEW ZEALAND FIREFIGHTERS WELFARE SOCIETY

APPLICATION FOR MEMBERSHIP



Private Bag 31999 LOWER HUTT Telephone 0800 OK FIRE Fax 0800 65 3475

Telephone 04 567 1768 - Fax 04 567 1794

thesec@firefighters.org.nz www.firefighters.org.nz

CONTACT DETAILS

FULL NAME (Mr, Mrs, Ms, etc)		PAYROLL NO (if applicable)	
ADDRESS		POSTCODE	
DATE OF BIRTH	OCCUPATION		
FIRE REGION	DISTRICT	STATION	WATCH
PHONE NOS: HOME	WORK	CELL	FAX
Please tick box if you want to receive electronic information from the Welfare Society.			
Your email address: _____			

NOMINATED NEXT OF KIN

NAME		RELATIONSHIP TO YOU	
ADDRESS			
PHONE	DAY	NIGHT	

FUNERAL BENEFIT PAYMENT INSTRUCTIONS (Persons to whom you instruct us to pay the Funeral Assistance Benefit in the event of your death)

Name	Date of Birth	% of Benefit to Receive	Contact Details

I understand that on being approved for membership of the 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 Society and any levies which may from time to time be imposed and subsequently ratified at the Annual General Meeting of the Welfare Society.

I will not be a full member until my first contribution fee is received by the office of the Welfare Society.

Once this form is submitted if I do not have a payroll number I will receive a direct debit form from the office which I will complete and return to the office of the Welfare Society so my full membership can be confirmed.

TICK THIS BOX TO AGREE DATE

WHEN COMPLETED - **EMAIL** THIS FORM TO THE SOCIETY USING THE **SUBMIT FORM** BUTTON ABOVE

FOR OFFICE USE ONLY	
APPROVED:	
BY:	POSITION:
SIGNATURE:	DATE: