



PARTICIPATION APPLICATION FORM

**TO PARTICIPATE IN THE NZ FIREFIGHTERS WELFARE SOCIETYS
FIRE BRIGADE CONTRIBUTIONS OFFER.**

BRIGADE NAME.....

NAMES 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 19 YEARS OF AGE OR OLDER, CAN BECOME MEMBERS.**

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|---------|---------|
| 1..... | 2..... |
| 3..... | 4..... |
| 5..... | 6..... |
| 7..... | 8..... |
| 9..... | 10..... |
| 11..... | 12..... |
| 13..... | 14..... |
| 15..... | 16..... |
| 17..... | 18..... |
| 19..... | 20..... |
| 21..... | 22..... |
| 23..... | 24..... |

THE PERSONS THAT ARE NOMANATED ABOVE ARE 19 YEARS OF AGE OR OLDER

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

DATE.....

Approved by Welfare Society Board on