



# NEW ZEALAND FIREFIGHTERS WELFARE SOCIETY

## APPLICATION FOR MEMBERSHIP

Private Bag 31999 LOWER HUTT Telephone 0800 OK FIRE *V\N] @}^ÆI Áíí Áíí*

[thesec@firefighters.org.nz](mailto:thesec@firefighters.org.nz)

[www.firefighters.org.nz](http://www.firefighters.org.nz)

CONTACT DETAILS			
FULL NAME (MR, MRS, MS ETC) PLEASE PRINT			PAYROLL NO (if applicable)
ADDRESS			POSTCODE
DATE OF BIRTH	OCCUPATION		
FIRE REGION	DISTRICT	STATION	WATCH
PHONE NOS: HOME	WORK	CELLULAR	FAX
<input type="checkbox"/> Please tick 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.			
SIGNATURE			DATE

WHEN COMPLETED SEND TO THE SOCIETY AT THE ADDRESS SHOWN ABOVE

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