

CHECK LIST

I have enclosed:

- 1. Membership Application
- 2. Funeral Assistance Benefit Application
- 3. Direct Debit Form

**MEMBERSHIP NUMBER***(for office use only)*

MEMBERSHIP APPLICATION**APPLICANT'S DETAILS**

Mr/Mrs/Miss/Ms

SURNAME

GIVEN NAMES

Postal address:

Post code:

Tel home: ()

Tel bus: ()

Fax: ()

Mobile ()

Date of birth: / /

Present age:

Sex: M / F

Email:

Preferred time to be contacted (am, pm, evening):

Occupation:

Marital Status:

Partner

Single

Divorced

IRD Number:

Married

Widow(er)

FAMILY DETAILS*(Please state partner's details first, followed by details of dependant children)*

	Given names	Surname	Date of Birth	Relationship to Applicant (Partner/Child)	Sex
1.	_____	_____	_____	_____	M/F
2.	_____	_____	_____	_____	M/F
3.	_____	_____	_____	_____	M/F
4.	_____	_____	_____	_____	M/F
5.	_____	_____	_____	_____	M/F
6.	_____	_____	_____	_____	M/F

PLEASE INDICATE WHICH BENEFIT(S) YOU WISH TO TAKE

To become a member of Manchester Unity you are required to join a financial benefit.

- Funeral Assistance Benefit
- Prepaid Funeral Benefit
- Increasing Assurance Benefit
- Credit Union (saving and loans)
- Education Support Plan
- Affordable healthcare
- Credit Union only member*

Please fill in the application form(s) that relate to the benefit(s) to which you wish to belong. As Manchester Unity covers a wide variety of financial services, it is necessary to produce individual application forms. Send all completed forms to address overleaf.

If the application for Credit Union only membership is approved the applicant becomes a member of Manchester Unity with membership limited to the Manchester Unity Credit Unions. The member under this category of membership is not eligible to receive any other Manchester Unity benefits. At any time the member may apply to Manchester Unity to change the membership category.Declaration: I agree to accept and abide by the registered rules of Manchester Unity Friendly Society and declare that these questions have been answered correctly. Please accept my application for membership as indicated. Any doctor or other medical practitioner who has been or may be consulted by myself or my dependants is required to provide Manchester Unity or any legal tribunal with such information as may be required. I authorise any person or company to provide you with such information as you may require in response to your credit enquiries. I further authorise you to furnish to any relevant third party details of this application, as may be required and are necessary, and any subsequent dealings that I may have with you as a result of this application being accepted by you. I acknowledge that no benefit shall be paid until my application has been accepted by the Head Office of Manchester Unity. To retain membership of Manchester Unity I am required to hold a financial benefit.*

The personal information provided in this form is collected and will be held by Manchester Unity at Level 6, 142 Lambton Quay, Wellington, to enable it to administer funds and improve existing and new services and products offered to its members. Under the Privacy Act 1993 you have the rights of access to and correction of your personal information. The details you provide will only be used to enable Manchester Unity to supply you with the information requested. If you do not disclose all requested information where applicable, cover may not be available.

Dated:

Signature: _____

Please indicate how you heard about Manchester Unity:

- Newspaper
- Radio
- TV
- MU Member
- Service Centre
- MU representative
- Other _____

MEMBERSHIP APPLICATION

FOR OFFICE USE ONLY

Membership started / /

Type of Member

- Initiated Accredited Credit Union Only
 Registered Honorary

Existing Membership number

(accredited membership only)

Lodge: _____

Lodge number: _____

District: _____

Lodge Sec signature: _____

Date accepted by Lodge : / /

Contributions	Quarterly	GST	Pro rata	GST
Affordablehealthcare 1 2 3 4				
Options: Dental/Optical				
IAB				
Education Support Plan				
FAB _____ Units of \$500				
Prepaid FAB _____ units of \$1,000				
Personal Accident Benefit				
Project Concern*				
Benevolent/Distress*				
Dispensary*				
Social*				
Management				
District Promotion*				

TOTAL				

**Fraternal members only*

PROPOSER'S NAME AND INITIALS *(if applicable)*

Proposer's membership number

Proposer's membership number

AUTHORISED REPRESENTATIVE

CREDIT UNION DETAILS

Credit Union account number

District *(Initials)*

SEND YOUR COMPLETED FORMS TO: Manchester Unity Friendly Society, Freepost 2016, PO Box 5083, Wellington. *(no stamp required)*

For inquiries and assistance, call toll-free

0800 101 842

weekdays 8.00am to 4.30pm

Fax: (04) 471 2256