

## MEMBERSHIP APPLICATION

### APPLICANT DETAILS

Mr / Mrs / Miss / Ms    Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

Post code: \_\_\_\_\_

Email: \_\_\_\_\_

Tel Home: (    )                      Tel Work: (    )                      Mobile: (    )

Date of birth:    /    /                      Sex: M / F

### FAMILY DETAILS

(Please state partner's details first, followed by details of dependent 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

### PRODUCT DETAILS

Please indicate if you wish to take:

Funeral Plan     Medical Insurance

Please fill in the separate product application forms and send all completed forms to the address overleaf.

### MEMBERSHIP DETAILS

Which Lodge would you like to join? \_\_\_\_\_ If no lodge is stated, your default will be National.

How did you hear about us? \_\_\_\_\_

### NOTIFICATION DETAILS

Please indicate how you wish to receive your Dues notice:

by email     by post                      (please choose one option)

Tick here if you do not wish to receive promotional material via email.

### PROPOSER'S DETAILS

Proposer's name and initials: \_\_\_\_\_

Proposer's Membership Number:

**PLEASE SIGN DECLARATION OVERLEAF**

**APPLICANT'S DECLARATION**

I agree to accept and abide by the registered rules of Manchester Unity Friendly Society.  
The personal information provided in this form is collected and will be held by Manchester Unity at Level 10, 117 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 right 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.

Dated: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Signature: \_\_\_\_\_

**CHECK LIST**

- I have enclosed:
- 1. Membership Application
  - 2. Medical Insurance Application
  - 3. Funeral Plan Application
  - 4. Certified documents
  - 5. Direct Debit Authority

**SEND YOUR COMPLETED FORMS TO:**

Manchester Unity Friendly Society, Freepost 2016, PO BOX 5083, Wellington or call 0800 101 842.

**CERTIFIED DOCUMENTS**

We are required by law to verify your identity before processing certain requests. This is a requirement of the Anti-Money Laundering and Countering Financing of Terrorism Act 2009.

You can confirm your identity by sending us certified/verified photocopies of the following original documents:

- New Zealand Drivers licence (both sides), or
- New Zealand Firearms licence, or
- New Zealand Passport, containing your Name, DOB, Photograph & Signature.

Who can certify:

- New Zealand Honorary Consulate
- Lawyer
- Chartered Accountant
- Notary public
- Justice of the Peace

**FOR OFFICE USE ONLY**

Membership started: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Type of Member

- Initiated       Honorary  
 Registered       Associate

Existing Membership number:

(accredited membership only)

Lodge: \_\_\_\_\_

Lodge Number: \_\_\_\_\_

Fraternal Number: \_\_\_\_\_

Lodge Sec signature: \_\_\_\_\_

Date accepted by Lodge: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Contributions	Quarterly	GST	Pro rata	GST
Medical Insurance				
Medical Insurance Options				
Funeral Plan				
Project Concerns*				
Benevolent/Distress*				
Dispensary*				
Management				
<b>TOTAL</b>				

(\*Fraternal members only)