

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 Cyber.

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.

CHECK LIST

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

Dated: _____ / _____ / _____ Signature: _____

Send your completed application form and Direct Debit authority to us
via email to: joinus@manchesterunity.org.nz
or via post to: Manchester Unity Friendly Society, PO Box 5083, WELLINGTON 6140

FOR OFFICE USE ONLY

Membership started: _____ / _____ / _____

Type of Member

- Initiated Honorary
Registered Associate

Existing Membership number:

(accredited membership only)

Lodge Name: _____

Lodge Number: _____

Fraternal Number: _____
(Leave blank)

Lodge Sec signature: _____

Date accepted by Lodge: _____ / _____ / _____

Influenced by: _____

Campaign Name: _____

Campaign Rewards: _____

Contributions	Quarterly	GST	Pro rata	GST
Medical Insurance				
Medical Insurance Options				
Funeral Plan				
Project Concerns*				
Benevolent/Distress*				
Dispensary*				
Management				
TOTAL				
(*Fraternal members only)				