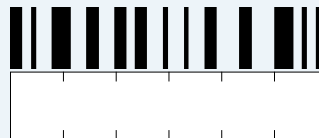


MEMBERSHIP APPLICATION FORM



Office use only

1 SELECT APPLICATION

I apply for membership of the:



New Zealand Police Association (Tick)



Police Welfare Fund (Tick)

We will be in touch to give you more information on joining the Police Welfare Fund



Police Credit Union (Tick)

We will be in touch to complete your Police Credit Union application

2 FILL IN YOUR APPLICATION DETAILS

Mr / Mrs / Ms / Miss	First names (all names in full)		
Last name		Preferred name	
Date of birth (dd/mm/yyyy)	/ /	Gender: Male Female (Circle one)	
Postal Address		Residential Address (if different from postal address)	
Floor / Level / C/o		Floor / Level / C/o	
Address		Address	
Suburb		Suburb	
City/Town	Postcode	City/Town	Postcode
Home phone		Work phone	
Mobile phone			
Preferred email (Preferred email to contact you on)			
Alternative email			

APPLICANT'S PROFESSIONAL INFORMATION:

NZ Police employment: Constabulary Police Employee Authorised Officer
(Please tick relevant type)

Contract Type: Permanent Temporary
(Tick one, casual contracts are excluded)

Number of hours worked per week

Police QID

Date hired by NZ Police / /

Police location of work

Police position

3 READ AND ACCEPT CONDITIONS

CONDITIONS FOR MEMBERSHIP OF NEW ZEALAND POLICE ASSOCIATION AND POLICE WELFARE FUND LIMITED

I apply for membership of the New Zealand Police Association (NZPA)/Police Welfare Fund Limited and declare the information in this application is true and correct.

RULE COMPLIANCE AND SUBSCRIPTION PAYMENTS

- I agree to:
 - Abide by the Rules, as amended from time to time, of the NZPA and Police Welfare Fund Limited (including Police Welfare Fund Insurances Ltd, Police Welfare Fund General Insurances Ltd, Police Health Plan Ltd and Police Welfare Fund Mortgages Ltd).
 - Pay any subscriptions or fees pursuant to my membership when they are due.
 - The NZPA and Police Welfare Fund Limited commencing subscription deductions from my salary following graduation from the Royal New Zealand Police College or 6 months after entering the RNZPC, whichever is the lesser, provided that I have not notified the Police Welfare Fund Limited or NZPA, in writing, of my intentions to cease membership.
 - The NZPA and Police Welfare Fund Limited altering my subscription deductions from my salary following notice of subscription changes and/or amendments to fees for products and services I have purchased.

REPRESENTATION

- Pursuant to the rules and policies of the NZPA, I authorise them to act as my representative in matters relating to my employment, including but not limited to:
 - The negotiation and enforcement of (an) employment agreement(s)/contract(s), whether individual or collective;
 - Consultation on any matter or policy which may, or is likely to, impact on my employment;
 - Any proceedings related to my employment;
 - Receiving personal information about me from my employer, including receiving information prior to that information being conveyed to me (e.g. any pending disciplinary allegations and investigation).

- In the event that there is a legal issue arising from my employment, I understand and agree that, in accordance with its rules and policy, NZPA will make the final determination in respect to the progression and NZPA representation of that issue.
- I agree with the following ratification procedure for any collective employment agreement contract(s) which the NZPA may negotiate on my behalf: the proposed settlement will be accepted if supported by the majority of votes cast in accordance with the NZPA Rules by those relevant eligible members of the NZPA voting for the purpose of ratifying a settlement.
- I understand I can withdraw my authorisation to be represented by the NZPA prior to any proposed settlement being reached in negotiations with my employer for a collective employment agreement/contract; or with regard to any other matter at any stage.

PRIVACY ACT CONDITIONS

- I agree that the information in this application may be used by all of the bodies I have applied for membership of and any third party in providing additional related or unrelated services to me.
- I authorise any person or company to provide the bodies in condition 1, including Police Welfare Fund Insurances Ltd, Police Welfare Fund General Insurances Ltd, Police Health Plan Ltd and Police Welfare Fund Mortgages Ltd, with any information requested by them in connection with any services provided by the bodies, or the Police and Families Credit Union (PFCU).
- I acknowledge that:
 - The information now given in my application or supplemented at any future time is being collected in connection with my membership of and the provision of services by the bodies referred to in condition 1 and, if applicable, the PFCU;
 - That information and any supplement to it may be exchanged between the bodies referred to in condition 1 or the PFCU without any further authority from me; and
 - The information will be held by those bodies and, if applicable, the PFCU, subject to my rights of access to, and correction of, that information as provided in the Privacy Act 1993.

I have read, understood and accept all the Conditions for Membership of New Zealand Police Association and Police Welfare Fund Limited and the Privacy Act Conditions relevant to the bodies that I have applied for membership of.

Print Name

Signature

Date / /