

**NEW ZEALAND FREEZING WORKERS BENEFITS & WELFARE FUND
BANK DETAILS FOR MEMBERS TO PAY DIRECTLY**

Copy to Union

EMPLOYEE DETAILS

Name: *First* *Middle* *Family*

Current Address:

Suburb:

City:

Post Code:

Mobile Phone:

Home Phone:

Email:

Employed by Meat Company | Meat Plant:

I _____ HEREBY,

(i) Confirm my membership with the New Zealand Freezing Workers Benefits & Welfare Fund.

(ii) Accept the rights and obligations of membership as set out in the rules of the New Zealand Freezing Workers Benefits & Welfare Fund.

(iii) Confirm that *I will make direct payment to the Welfare Fund by setting up automatic payment* from my bank account for **\$2.80 per week**, to the Welfare Fund's bank account below:

New Zealand Freezing Workers Benefits & Welfare Fund.

Direct Credit to Welfare Fund's account: Westpac Banking Corporation, Penrose Branch, Auckland
Bank Account No: 03 0149 0093671 00

(iv) Authorise, in accordance with ss 18 and 236 of the EMPLOYMENT RELATIONS ACT 2000, the New Zealand Meat Workers and Related Trades Union Incorporated to act as my representative in all matters relating to the negotiation and enforcement of my terms and conditions of employment.

(v) I will confirm in writing by giving **notice to the union, when I wish to cancel my Automatic payment, received by the Union**, at P O Box 17 056, Greenlane, Auckland 1546.

Signature:

Dated:

New Zealand Meat Workers & Related Trades Union Inc. (Aotearoa Branch)

P.O. Box: 17 056, Greenlane, Auckland 1546, New Zealand

Phone: 0800 877 277 | +64 9 520 0035 | Fax: +64 9 523 1286

www.meatunion.org.nz | Email: admin@meatunion.org.nz

Form 002 A

Form Filling Instructions
AUTHORITY TO DEDUCT MEMBERSHIP FEE (002A)
PLEASE PRINT CLEARLY

This form must be completed by a new member who wishes pay directly to the Union without his employer's knowledge for the **Welfare Fund**.

This form, not only confirms their membership to the NZMW Union, it also confirms employee's intent to set up automatic payment directly to the Welfare Fund account.

The majority of the union members may never make future contact with the union; it is MOST important that this form must have correct information.

Print Clearly & Send Promptly.

Action:

Send a copy to the NZMW Union office in Auckland

Keep a copy for your records (Shed Officials)

Send original form to the employer for payment of Union Fee.

Form Check List. *Please follow the serial numbers with each blank on the form*

1. Your First Name , Middle Name, Last Name (Family Name)
2. Your Full Address; House Number, Street Name, Suburb, City and Post Code
3. Your Phones; Mobile, Home and email address
4. Your Employer, Meat Company & Meat Plant
5. Insert your Name (I _____ hereby)
6. Your Signatures
7. Dated when Signed