



New Zealand Meat Workers & Related Trades Union Inc.
(Aotearoa Branch)
MEMBERSHIP APPLICATION/DATA CAPTURE FORM

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

APPLICANT'S INFORMATION (Required by Law)

Name: <i>First</i> _____ <i>Middle</i> _____ <i>Family</i> _____		
Current Address:		
Suburb:	City:	Post Code:
Mobile Phone:	Home Phone:	
Email:	Gender: Male Female	
Date of Birth:	IRD No:	Tax Code:
Ethnicity/ Iwi:	First Language:	
Union Joining Date:	Second Language:	

PLEASE COMPLETE IF APPLICABLE

If your answer is No to questions below, then would you like to join? Yes | No

Welfare Fund Member: Yes/No	If Yes/ Joining Date:
Southern Cross Member: Yes/No	If Yes/ Joining Date:
Meat Industry Superannuation Scheme Member: Yes/ No	If Yes/ Joining Date:
Are you Shed Official or Delegate: Yes/ No	If Yes/ Start Date:

Bank Account Details: [_ _] [_ _ _ _] [_ _ _ _ _ _ _ _] [_ _ _]

EMPLOYMENT INFORMATION

Meat Company Meat Plant:	
Department:	Duration with Employer? <i>Years/ Months</i>

PLEASE PROVIDE INFORMATION BELOW, SO THAT WE CAN BETTER SERVE YOU IN AN EMERGENCY

Partner's Name: Mr./Miss/ Mrs. <i>First</i> _____ <i>Middle</i> _____ <i>Last</i> _____
Current Address:
Suburb: _____ City: _____ Post Code: _____
Home Phone: _____ Mobile: _____ Work Phone: _____
Email ID: _____
Date of Birth: _____ Ethnicity/Iwi: _____ First Language: _____
Relationship: _____

NEXT OF KIN/ LEGAL BENEFICIARY DETAILS FOR DEATH BENEFIT

Please tick if same as above []

Legal Beneficiary's Name: Mr./Miss/ Mrs. <i>First</i> _____ <i>Middle</i> _____ <i>Last</i> _____
Current Address:
Suburb: _____ City: _____ Post Code: _____
Home Phone: _____ Mobile: _____ Work Phone: _____
Email ID: _____
Date of Birth: _____ Ethnicity/Iwi: _____ First Language: _____
Relationship: _____

NZMWRU is a nonprofit organization serving its members. It is subject to the Privacy Act 1993. The Privacy act is supervised by the New Zealand Privacy Commissioner. We are committed to protecting your privacy. We recognise that your personal information is confidential and we understand that it is important for you to know how it is handled.
 We do not sell, trade or rent your personal information to others. All data is stored securely. Any information we collect will not be used in ways that you have not consented to. At any stage, you have the right to access and amend or update your personal details. If you wish to access or amend your personal details or do not want to receive communications from us, please contact us at info@meatunion.org.nz

Signature: _____

Dated: _____

Form Filling Instructions
MEMBERSHIP APPLICATION/ DATA CAPTURE FORM (003)
PLEASE PRINT CLEARLY

This form is a must for each and every member, shed official and including organisers to complete, in order to have the information needed to process benefit applications at the time of need, like death or disability.

Completed information in this form will also enable the union to provide better services and timely payments, as well as better communication through the use of our new CRM, we have implemented.

Used for day to day signing up of Delegates as and when required.

Used together with NZMWU Delegates and Shed Official commission sheet.

Action:

Use compulsorily on a day to day basis.

Keep up to date for your records and send copy to union for updating its records

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

1. Your Name; First name , Middle name, Last name (Family Name)
2. Your full address; House Number, Street Name, Suburb, City, Post Code
3. Your mobile and home numbers
4. Your Email address
5. Your Gender; Tick or Circle one, Male or Female
6. Your Date of Birth
7. Your IRD Number
8. Your Tax Code
9. Your Ethnicity or Iwi you belong to
10. Your First Language spoken at home
11. Your Union Joining date
12. Your Second Language
13. If you are not a member of Welfare Fund, Southern Cross, Superannuation then please select Yes, if you would like to join.

14. Are you Welfare Fund Member? Write Yes or No
15. If Yes, Please write your joining date
16. Are you Southern Cross Member? Write Yes or No
17. If Yes, Please write your joining date
18. Are you Meat Industry Superannuation Scheme Member? Write Yes or No
19. If Yes, Please write your joining date
20. Are you a Shed Official or Delegate? Write Yes or No. If yes, Please select
21. If Yes, Please write your start date
22. Your Bank Account Details, Please fill all blanks correctly
23. Your Meat Company or Plant that you work at
24. Your Department, Please write clearly
25. Since how long have you been working for your employer?
26. Partner's Name, please select one from Mr. / Miss. /Mrs., then complete their First name, Middle name, Last name (Family Name)
27. Partner's Current full address; House Number, Street Name, Suburb, City, Post Code
28. Partner's mobile, home and work numbers
29. Partner's email address
30. Partner's Date of Birth
31. Partner's Ethnicity / Iwi they belong to
32. Partner's First Language
33. Partner's relationship with you; married, de facto etc.
34. Legal Beneficiary's Name, please select one from Mr. / Miss. /Mrs., then complete their First name, Middle name, Last name (Family Name)
35. Legal Beneficiary's Current full address; House Number, Street Name, Suburb, City, Post Code
36. Legal Beneficiary's mobile, home and work numbers
37. Legal Beneficiary's email address
38. Legal Beneficiary's Date of Birth
39. Legal Beneficiary's Ethnicity / Iwi they belong to
40. Legal Beneficiary's First Language
41. Legal Beneficiary's relationship with you; married, de facto, mother, father, brother, sister, son, daughter, nephew, niece etc.
42. Your Signatures
43. Dated when signed by you