

# NEW ZEALAND PROFESSIONAL FIREFIGHTERS UNION



## Union Membership, Subscription and Legal Representation Form.

I, ..... Wish to apply for membership to the New Zealand Professional Firefighters Union.

Upon acceptance of my application I request and authorise any official of the New Zealand Professional Firefighters Union to be my legal representative in any matters concerning my employment. This authority shall remain in force until cancelled by myself in writing.

I further request and authorise Fire and Emergency New Zealand to deduct fortnightly and remit to the New Zealand Professional Firefighters Union at fortnightly intervals, Union Subscriptions as set periodically by the New Zealand Professional Firefighters Union.

Previous Fire Service history/experience: .....

Employee Number .....

Home Address .....

Ph: ..... Mobile: .....

Email: .....

Signed, .....

Date .....

### New Zealand Professional Firefighters Union

PO Box 38213, Wellington Mail Centre, Lower Hutt 5045. Ph: (04) 568-4583 Fax: (04) 568-3292  
Auckland Office: PO Box 303235, North Harbour, Auckland 0751. Ph: (09) 448-5118 Fax: (09) 448-5119

CHECKED AND AUTHORISED BY OFFICE .....