

# 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 the New Zealand Fire Service 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: .....

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Employee Number .....

Home Address .....

.....

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

Email: .....

Signed, .....

Date .....

### New Zealand Professional Firefighters Union

Registered Office: P.O. Box 38213 Petone Ph (04) 568 4583 Fax (04) 568 3292

Auckland Office: P.O. Box 303 235 North Harbour Auckland Ph (09) 448 5118 Fax (09) 448 5119

Christchurch Office: P.O. Box 14006 Christchurch Ph/Fax (03) 359 9242

CHECKED AND AUTHORISED BY OFFICE .....